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ESSAYS, MONOGRAPHS, AND CASES.

The History of Two Cases of Pelvic Presentation, with Remarks. By T. Gaillard Thomas, M.D., Physician to Bellevue Hospital, Secretary of N. Y. Academy of Medicine.

An examination of the statistics of pelvic presentations (whether of the breech, the feet, or the knees) shows them, beyond dispute, to be more destructive to fœtal life than any other anomaly or complication of labor with which the obstetrician has to deal. In itself, a pelvic presentation is by no means so dangerous as that of the arm or funis, but the first occurs so much more frequently than the two last that in the aggregate its results are much more disastrous. The first class of presentations are met with about once in 50 cases, while the two last occur each about once in 250; so that a practitioner who has managed 1,000 cases of labor will probably have met with 4 of each of the two last, and with 20 of the first. Even allowing that in the management of these 20 he has met with the most marked success, he will in the end have to deplore their results more than those of the more dangerous and less frequent anomalies.

There is, however, but one method of testing this assertion, and that is by statistical evidence accumulated in some extensive and well-organized field of research, and I know of none which will prove more reliable than that of the Royal Maternity Charity, London, which is given by Dr. Francis Ramsbotham. From his statistics I

have arranged the following table, which will show at a glance the relative results of various mal-presentations and complications occurring during a period of twenty-two years:

Total number of still-born children from 1828 to 1850	1822
Occurring with prolapse of funis	128
" " transverse presentation	97
" " hæmorrhage	85
" " lingering labor	62
" " placenta prævia	50
" " breech presentation	253

It will by this be seen that pelvic presentations proved not only *more dangerous* than others, but that their results were almost twice as disastrous as those of any of their congeners; and since the authenticity and reliability of these data are unquestionable, we might from them alone conclude that what was true in twenty-two years of extensive experience in that institution is true also in the whole range of practice.

But to lay this part of the subject more fully before the reader, I have tabulated the mortality given by most of the prominent obstetric writers of our time.

Authority.	Mortality given.
Denman	1 in 3
Rigby	1 " 3
Churchill	1 " 3½
Tyler Smith	1 " 3
Cazeaux	1 " 7
Dubois (*vide* Chailly)	1 " 12

Why the statistics of French witers should differ so widely from those of Great Britain and America I am unable to conjecture; but even accepting those of Paul Dubois, 1 in 12, all must agree that this class of cases is comparatively very fatal, when remembering that in natural, vertex presentations, 1 in from 30 to 50 children only is lost.

In conversing upon this subject with practitioners in this country, I have heard the opinion almost universally expressed that the proportion of deaths arrived at in most of these computations is much too large to represent the results of American practice. Let it, however, be borne in mind that these statistics were collected in large hospitals, where assistance was always, and early at hand, and where the frequency of difficult cases had engendered in the attendants a degree of operative skill rarely arrived at by the private practitioner, and it

must be conceded that if such evidence is to be admitted anywhere, it must be so here; there is no reason for doubting its correctness in this case more than in many others in which it is willingly received as proof. All such evidence is imperfect, but no more so here than elsewhere.

Causes of Death in Pelvic Presentation.—The causes which in these cases produce such fatal consequences are too evident and simple to require in the present connection anything more than a very superficial examination. They are:

1st. Asphyxia from retarded delivery of the head.

2d. Dislocation of the vertebræ, or injury to the spinal cord, from violence at the hands of the obstetrician.

The blood of the fœtus in utero is aërated by the placenta; being expelled by the parturient efforts, and the placenta becoming at once unable to perform its function longer, the child instantly aërates its blood by respiration; but if it should so happen that both sources of aëration were simultaneously embarrassed or destroyed, the blood would rapidly become carbonized, and asphyxia would result. In a vertex presentation, as the head and chest sweep over the perineum, the contracting uterus compresses, sometimes casts off, and thus disables the placenta; but now access being had to atmospheric air, the child breathes at once, and the condition of the placenta does not affect it.

When, however, the body of a child presenting by the breech or inferior extremities has been expelled, and the head, occupying the cavity of the pelvis, is retained, both sources of aëration are simultaneously cut off, and the position of the infant is necessarily a most dangerous one.

The placenta cannot perform its function: 1st, because the cord, compressed by the head against the walls of the pelvic passage, is rendered impervious; 2nd, because it (the placenta) is itself compressed, diminished in size, and "crumpled" by the contracting walls of the uterus; or it may be detached by the same influence, either in part or in whole. Such compression, even if no detachment has occurred, is enough to disorder its circulation, and cripple it in its function.

On the other hand, the head being in the pelvis instead of external to it, as in a vertex presentation it would be, the lungs are prevented from replacing the placenta; the child makes, perhaps, a few feeble efforts at respiration, but failing in obtaining air, dies from sheer apnœa.

Should such detention of the head occur, nothing can save the child from death but intelligent, decisive, and efficient interference on the part of the medical attendant. Should this interference be rash and ill-judged; should a want of knowledge incite, or a loss of coolness permit him to seize the body and make traction by it to liberate the arrested head, then another danger is added to those too manifold ones which nature has presented, and an injury to the spinal cord takes place, or a dislocation of the processus dentatus snaps the thread of life forever. Well might the unfortunate infant, under such circumstances, repeat the reproach of the dying Cæsar!

Having demonstrated that the immediate cause of fœtal death in these cases is retardation of the head in its passage through the pelvis, it will not, I think, be out of place to glance at the causes of such retardation, they being, in reality, the remote causes of the fatal issue. To economize time and space, I will mention them as briefly and succinctly as possible. They are as follows: 1st. The least compressible (and therefore largest) part of the child, instead of passing first, as in vertex presentation, and dilating the passage for parts which are to follow, comes last, and is arrested, as the large end of a wedge is by the fibres of the wood into which its apex has been drawn.

2nd. The head presents itself to this undilated passage with its longest diameters being in a state of extension instead of flexion.

3rd. The head thus badly presenting, having left the uterine cavity, and being in the undilated vagina, is out of the influence of uterine efforts. The uterus has lost almost all power over it, and the obstacles already mentioned are often sufficient to arrest it entirely.

Rules of Treatment in Pelvic Presentations.—The indications suggesting themselves for the successful management of pelvic presentations are eminently simple, and may all be included under the following heads:

(a.) Let the labor progress as slowly as possible until the navel has reached the perineum, that the passage may be fully dilated before the advent of the head. Make no traction upon the child, and exhort the woman not to "bear down," but let the labor progress under the force of the uterus, and not of the abdominal muscles.

(b.) As the labor approaches its close, *place the woman in the obstetric position.* I believe that many a child has been lost by disregard of this precaution; for the patient being upon the back, or inconveniently fixed upon the side, the manipulations of the obstetrician cannot be efficiently performed.

(c.) The funis coming within reach, draw down a loop, and let its pulsations decide as to the propriety of hastening the labor.

(d.) The funicular pulse failing, exhort the woman to "bear down" violently; aid the delivery of the arms, if necessary, and direct an assistant (previously instructed) to press the fundus uteri powerfully towards the vulva, and thus supply the force which the organ itself can no longer give.

(e.) If the head is arrested, perform simultaneously flexion and extraction, by introducing two fingers into the mouth of the child, and placing two of the other hand against the occiput, at the same time that we give it air by pressing back the perineum. If not at once successful, *lose no time*, but apply the forceps, which should always be at hand in such cases.

Why do these means fail so often?—They are apparently sufficient for all the exigencies of the case, and yet the number of "failures" even with them at our command, is a sufficient cause for regret to every right-minded obstetrician. One reason for this undoubtedly is to be found in the fact that many do not regard the rules laid down, but hasten the early parts of the process by exhortations to the woman, and often by fixing a finger in the groin and drawing the child downward. Another interference no less injurious is that of drawing down the feet in a breech presentation; thus rendering the presenting part, already too small, still smaller and still less capable of preparing the way for the passage of the head, the *experimentum vitæ* of the whole process. Finally, the climax courted by such unwarrantable acts of officiousness is capped by a violent effort to deliver the arrested head, and the force, being applied to the body, probably severs the delicate ligaments which unite the axis to the atlas, and decides at once and forever the fate of the child.

The frequency of so melancholy a performance may be denied by many, but for the truthfulness of the picture I fearlessly appeal to those who have seen our art as practiced by *many* in the lower walks of society in large cities.

But that there are causes of death inherent to the nature of the cases is sufficiently evidenced by the statistics of skillful and experienced practitioners, as set forth in this essay. The head being large, the labor rapid, and the soft parts rigid, a source of danger at once presents itself sufficient to account for the evil results which occur so often under the most able supervision. Here expulsion of the head being retarded, the practitioner endeavors to deliver manually; suppose that he fails, which he often will? Then the forceps offer the best chances of safety, and

they are at once applied, and the head drawn out of its prison-house. But it takes seconds, perhaps minutes, to apply these instruments, and although they will deliver, it is a question whether in the majority of cases the heart will not have ceased to beat before they have done so. Three minutes have perhaps been consumed, or perhaps only two, in the performance of our manual experiment and in the application of the instruments, yet this has proved by one or two minutes too long a period for the child to exist without air.

During our efforts, manual and instrumental, the child has not respired, and the placenta, its uterine lung, being, as aforementioned, crippled and powerless, asphyxia takes place under the very best management.

The great desideratum here is evidently this: to give the child air at the same time that we are manipulating to deliver it. For the accomplishment of this end, so important in its apparent insignificance that it may be termed the pivot of the process, and which is, after all, the feather which turns the scale for life or death, for success or failure, it is commonly recommended to press back the perineum with the dorsal surface of the hand, the fingers of which have been passed into the mouth, thus creating a canal through which air may be transmitted to the child.

This, upon paper, looks very plausible, and may be deemed very simple by those who have not tried it, but at the bedside it will often be found impossible to succeed in its performance, although in some cases its results are strikingly demonstrated, and it is always a means to be essayed. Some years ago, Dr. Bigelow, of Boston, recommended passing up to the mouth of the child a flexible tube, but, for evident reasons, keeping this tube in the mouth would be no easy matter, and it would almost inevitably interfere with the manual delivery of the head by the accomplishment of flexion. It is probably due to these objections that it has not found favor with the profession sufficient to bring it into general use; in proof of which stands the fact that it receives scarcely a mention (certainly nothing more) in our treatises on midwifery. Thus much has been done to obviate the results accruing from an inability to get air. Dr. Joos, of Schaffhausen, has advised a means for accomplishing the much desired aëration by still availing ourselves of the placental functions. Apparently dissenting from the views expressed in this paper with regard to the condition of the placenta after the expulsion of the child, he has advised encasing the cord in a spiral canal, slit on one side to receive it, which is to be passed up alongside of the head, for the purpose of

obviating obliteration of its vessels by pressure. But *cui bono?* If the cord were kept as safe as the Koh-i-noor, it would in many cases no more secure aëration, than would the perviousness of our aqueduct insure a supply of water, if the Croton Lake were empty.

But besides, even if this protection would subserve the purpose, I cannot believe that the application of the tube of Dr. Joos will ever come within the range of things possible; certainly not of things practicable.

About eight months ago an unfortunate case of pelvic presentation occurred to me which was invested with such peculiar circumstances that I cannot refrain from relating it, and I do so the more willingly because it leads me to the gist of this essay by a very natural connection.

Case of Breech Presentation.—Mrs. O., a lady of about 25 years, placed herself under my care in her third pregnancy, about the approaching termination of which she expressed herself as peculiarly solicitous, for the following reasons: She had in her first accouchement been delivered, by instruments, of a still-born child; in the second, she had a male infant, which had grown to be the delight of herself and husband, and which she had lost a few days before my visit, he being then between two and three years old. Her husband, a man near sixty years of age, had become paraplegic since her existing pregnancy, had lost all virile efficiency, and she looked to her approaching labor as the last chance which remained to her for the accomplishment of a consummation which she most devoutly wished for, the birth of a living child.

Soon after, I was called to attend her in labor, and upon making an examination was not a little chagrined at finding a large breech occupying the superior strait. Informing her husband of the condition of things, I dispatched a messenger for my forceps, and allowed the labor to proceed as slowly as possible. The rest of the story is, alas! an old one. The labor went on regularly and unaided until the head got into the cavity of the pelvis; there it stopped, and no effort of mine, aided by those of the woman, could deliver it. I endeavored to give air by pressing back the perineum and posterior wall of the vagina, but in vain; so removing my hand, I rapidly slipped on the forceps, and, with some difficulty, drew down the head and delivered. It was too late; the heart had ceased to beat, and a half hour's practice of the ready method failed to elicit a responsive throb.

The child was very large, and the head almost disproportionately so. I felt, while endeavoring to deliver the head, so confident that if,

at the same time I was making my efforts, the child could have been supplied with air it could have been delivered alive, that I immediately had constructed a tube, which I describe below, and which I determined to employ in the next case I should meet presenting a similar difficulty.

The desideratum being, not simply to give the child air, but to do so by some method which would in no wise interfere with or retard delivery by manual or instrumental means, I thought that a tube, composed of any flexible material, such as covered spiral wire or an ordinary large gum-elastic catheter, fitted with rings which would admit the fingers, might be passed up with them in our effort at manual delivery, and furnish air during it and the (if necessary) subsequent instrumental essay. Accordingly, I had constructed a tube of spiral wire, about the size of a No. 12 metallic sound, arranged with a crossed wire at its mouth, (so as to prevent closure by the tongue,) and two rings of steel wire fixed at its sides capable of admitting the index and middle fingers to the second phalanges.

The accompanying sketch explains the arrangement.

The rings, being at a little distance from the mouth of the tube, do not interfere with the full and untrammeled use of the fingers; and the end of the tube being thus left free, tends to mount up and get over the tongue. The arched wire over the mouth prevents the tongue from fitting over it like a valve, and keeps out plugs of mucus, which might clog and render it impervious. The tube fits between the fingers, and occupies no appreciable space.

Some months passed before a suitable case occurred in which to test the utility of this arrangement, but in time one of the desired description appeared.

Case of Footling Presentation.—On the 2nd of September, 1859, I received a note from Dr. William F. Osborn, of this city, requesting me to hold myself in readiness to aid him in the delivery of Mrs. J., which was daily expected. From her husband, who was the bearer of the note, I obtained the following account of the previous history of the patient: Mrs. J., aged about 35 years, was a well-formed,

healthy woman to all appearances, though she was suspected by her attending physician of having some deformity of the pelvis. She had been delivered five times, and each time of a still-born infant, which had been vigorous up to the time of birth. In four of her five labors the children had presented by the pelvic extremity, and in one by the vertex; all, however, had shared the same fate.

Urged by a strong desire for offspring, this unfortunate couple had employed one after another all those physicians who had been recommended to them by their acquaintances, changing the attendant, apparently, with each disastrous issue.

On the afternoon of September 7th, at 4 P. M., I received a summons to attend upon Mrs. J., who was then in labor, and I at once repaired to her house, where, in company with Dr. Osborn, I proceeded to investigate the case. The labor, which had already lasted five hours, was progressing slowly; the liquor amnii had flowed away, and the uterine efforts were regular and efficient.

Upon a vaginal examination, I found the os dilated to about the size of a dollar, and both feet presenting, (as Dr. Osborn had already made out.) From this time nothing of note occurred until about 6 P. M., when the body was expelled, and the head engaged in the pelvis, with the face looking towards the hollow of the sacrum. At this point the uterine efforts ceased, and the cord soon becoming tense and pulseless, the time for assistance was evidently at hand.

Passing the index and middle fingers of my right hand through the rings of the tube, I inserted them and it in the mouth of the child, being careful to depress the tongue and allow the tube to mount over it. Placing two fingers of my left hand on the occiput, I now performed flexion and attempted extraction of the head, but my efforts entirely failed to move it one jot in the cavity, which it seemed to fill to a hair's-breadth. I now blew through the tube and slapped the buttocks sharply, to make the child inspire, and my impression is that the attempt succeeded, but of this I cannot speak positively. During this time I continued my efforts at extraction, and after a longer time than I have ever seen spent in the delivery of the head of a living child, succeeded in extracting it. The child was somewhat asphyxiated, but by the ready method breathed very soon, cried, and is now doing well.

Before these remarks leave my hands and become "*litera scripta*," I am desirous of attaching to them a few statements, which may serve as answers given beforehand to questions which they may incite.

1st. I do not feel at all sure that the method herein suggested will prove efficient for the end in view, but its very inefficiency may draw attention to an important subject; and my conviction is, that he who succeeds in suggesting some means capable of furnishing air to the child which is balanced on the line which divides uterine and pulmonary respiration, will have the satisfaction of diminishing the mortality of pelvic presentations. As the method advised in no wise interferes with other manipulations, and withal appears to me rational and simple, I have ventured to publish it. It may do no good; it can possibly do no harm.

2nd. The principle involved is due to Dr. Bigelow; I merely endeavor to make practicable what had fallen into disuse from want of a proper method of application. It was only after employing the ringed tube which I have described, however, that I learned that a tube without rings, and requiring the use of both hands in its employment, had ever been advised.

3rd. In taking the opinions of my professional brethren on this subject, I have been surprised to find several doubting whether a child will breathe in the vagina. This is easily answered; for children, as is well known, (I thought by all,) have not only breathed under such circumstances, but cried lustily, and lived with the head thus imprisoned for twenty and thirty minutes. (*E. g., vide Lee's Clin. Midwif.*, cases 239 and 241.)

Lastly, I do not feel sure that the child in the footling case detailed owed its life to the use of the tube, but such is decidedly my present impression. Certain I am that the tube did not interfere with my manipulations, and consequently that it was not detrimental.

When the obstetrician essays the manual delivery of the head, arrested in a pelvic presentation, he is never sure what the result of his efforts will be; the head may slip out easily, or it may be as tightly wedged as if it and the pelvis were out of all proportion. Now if such a tube does not interfere with delivery, and may keep the child alive when this important experiment is being tested, this vital inquiry answered, its use in all cases would be indicated. I am careful, however, to say, "if" such results should be attainable by it; of course this remains to be proven.

The Public Press and the Medical Profession: their Relations and Duties to each other. By NELSON FANNING, M.D., Gilboa, Schoharie Co., N. Y.

At the Annual Meeting of the Schoharie County Medical Society, held at Schoharie Court House, Nov. 15th, 1859, the following preamble and resolution were offered, with the accompanying remarks thereon, by Dr. Nelson Fanning, of Gilboa. By a vote of the Society the same were ordered to be published.

Whereas, The course pursued by many, if not most of the conductors of the press in this country, of not only freely admitting advertisements of quack medicines into their columns, but also of puffing them by laudatory editorials, whilst it tends to perpetuate the reign of Empiricism, is calculated to mislead the public in relation to the utility of such pretended remedies, and retard the progress of medical science, by discouraging the efforts of its votaries for its advancement; *and whereas*, the conductors of such press, in the majority of instances, do not believe in the system they thus encourage: therefore,

Resolved, That in the opinion of this Society, it is the duty of its members, and all regular practitioners of medicine, to withhold their patronage from that portion of such press as shall be found *obnoxious* to that charge.

We are continually dinned with the cry about the liberty of the press, as well as denunciations against a *hireling* press. I would not abbreviate in the least the liberty of the press. The conductors of such have the right to propagate whatever doctrines they choose. Legally, at least, they have this right, when their sentiments do not conflict with the laws of the land. Morally, also, they possess this right, when the sentiments they advance are their own unbiased views. But when a public newspaper is prostituted to the promulgation of doctrines or sentiments which its conductors do not believe, or practice; when by so doing the public are misled, error fostered and perpetuated, then clearly, in my opinion, they violate their duties as public journalists, and prostitute their talents and press for an unworthy purpose, especially when that purpose is obviously for *gain*, at the sacrifice of every principle that should actuate them. They become hirelings in every sense of the word. The conductors of the press are morally bound to promulgate only their honest sentiments, to preach what they practice and believe. What would be said of a clergyman who preached one doctrine, and at the same time believed in another widely different; or of a physician, who, believing in the principles recognized as the guide of the profession to which he belonged, yet for the sake of gain, pandered to a misguided public, and practiced on other principles not in accordance with his sense of right? And what shall we say of the conductor of a public newspaper, who, disbelieving in quackery, employs a regularly educated physician in his family, and yet unblushingly fills his columns weekly with the most absurd

advertisements of nostrums, and in addition thereto almost weekly bestows, editorially, puffs and laudations on such nostrums to misguide the public and delude it into the purchase of such pretended remedies, of which he literally knows nothing at all, and all this for the sake of the reward of a hireling?

If we denounce such conduct on the part of such conductors of the press, we are sure to raise the hue and cry from them, that we aim to abridge the liberty of the press, when we only aim at the conduct of a hireling. And yet the conductors of such press are continually charging each other with being hirelings. We hear of a hireling press when it is bought up to advocate the interests of political partisans, or the claims of persons for various purposes and interests. But when a large proportion of the papers in the land teem with hireling matter, that goes to injure the public health, we scarcely hear a voice raised against a hireling press. I need not specify instances to prove the truth of what I complain. Take up almost any of the public papers that find their way to every family throughout the length and breadth of this country, and you will find their columns more or less loaded with such matter.

It would be some consolation if our religious papers at least were, as a whole, free from the above charge. But truth compels me to say, that, with a few honorable and praiseworthy exceptions, their columns too are polluted, and their press prostituted to the base and servile use of heralding the latest and most absurd patent nostrum of the day. And, like the former class of papers, you will often find conspicuously inserted in their columns an editorial recommendation, with the injunction that no family should be without such remedy. Not unfrequently will this commendation be rendered more cogent by the certificate of the Rev. Doctor such an one, to quicken the sale of the article. And for what do they do this, it may be asked? I answer, for the same purpose that Judas betrayed his Master—the thirty pieces of silver. Exhibiting to the world the example of a hireling press, of recommending to their fellow-men remedies of which they know nothing, and in which charity for their better judgment prompts us to say they do not believe, or if they unfortunately do believe in the efficacy of such pretended remedies, the sad spectacle of "faith without knowledge."

Need we wonder at the wide spread of quackery at the present day, when every store or shop is full of patent and puffed nostrums; or that the empiric, in their wake, finds ample employment and commendation, when the newspaper that finds its way to every family

endorses and recommends such patent remedies? Need we wonder that empiricism is on the increase, or that communities can be found where the family physician, the pretending charlatan, and the last puffed and patented catholicon, or all-healing ointment, are regarded at length with equal respect?

I do not include in the above catalogue all the public newspapers of the day. There are honorable exceptions, and I leave it to each of you to say what is your duty in this matter.

You who, as physicians, believe what you practice, you would not sit under false teachings from the sanctuary; nor with your means perpetuate error. And will you, then, uphold those who are, and have been for years, as the disseminators of public sentiment, reflecting not their own honest sentiments, nor that of your own; who aim indirectly to perpetuate the reign of empiricism, to the injury of thousands, whose welfare, as custodians of the public health, you are bound to protect, whilst at the same time you would show to the world a proper respect for yourselves and your calling?

Were these puffed and editorially laudated nostrums, or panaceas, as they are styled, always harmless, or the dependence on them by their deluded dupes always safe, then might we pass the matter by the more readily. But it is not only the *pockets* of those who employ such remedies that suffer. It is of little comparative consequence that by dependence on such means the physician loses pecuniarily in his business; but the confiding and deluded sufferer, who clings to hope, even in hopeless cases, is the loser. How often is he made to do so by placing his faith on what he sees in print, the endorsement of some paid conductor of the press, who adds the weight of his name and the influence of his paper to puff an article of which he is totally ignorant, and which he would not for the world administer to one of his own family.

This course has been going on from time immemorial, and is still going on, only on the increase. Splendid fortunes are made yearly through the sale and manufacture of nostrums, aided by the press as the chief ally and instrument of support. The injury which such puffed and advertised nostrums has done to the health and lives of mankind I need not here attempt to portray. The records of eternity alone can reveal the long black catalogue of disease rendered hopeless, and of death produced, by such means, which unprincipled and avaricious men manufacture and sell, and equally unprincipled and avaricious conductors of the press herald forth to the world through their hireling columns, as sovereign balms for every wound, and sure panaceas for every ill that flesh is heir to.

It is time that physicians, as such, should act in this matter. Have we really been trampled on so long, that we bear the foot of the oppressor without a murmur of complaint? Step by step has the public faith been lessened in the medical profession, and step by step has the pretending charlatan been gaining ground, until there is more temptation of gain for the irregular practitioner than for those in the ranks of the profession. For all this, instead of having an ally in the conductors of the press generally, we too often find a discouraging enemy.

The profession is not so powerless but that its influence might and should be felt in this matter, and would be to some extent, at least, if it only patronized such newspapers as are free from the charge I have made. Do we not owe this much to ourselves, our profession, and our honor as medical men? There are sufficient papers published, I do not doubt, whether political, religious, literary, or scientific, that are free from this charge, to meet our wants. If not, we shall soon have them, if we once act concertedly in this matter. Shall we give to such papers our support, or not, is the question?

No profession, calling, trade, or occupation can, or will be respected, until its members make it so, by respecting themselves. The agriculturist and the artisan were looked upon as inferiors, and deemed their occupation as such, until association gave them a standing, and when they asserted their dignity and importance the world yielded its ready assent. So it is with our profession, we must respect our calling to make it respected. Let us arise, then, shake off our sluggishness, and stand up for its true dignity and interests against whomsoever and whenever assailed.

Public opinion, it has been justly remarked, is made by talking and the press. The false popularity that quackery enjoys, as well as many of the popular nostrums of the day, is the offspring of false teaching and the press. False teaching from neighbor to neighbor, from parent to child. The child, as it escapes from the nurse's arms, beholds in gilded letters and magnificent capitals the showy labels on the nursery bottles; the family medicine-chest is filled with patent humbugs, showy and glittering, and before it can hardly reason it is taught to reverence these household gods of empiricism by the confiding mother, whose faith in their efficacy has been created by the omnipotent power of the press. Quackery, too, dwells in palaces, and rolls in wealth. A Swaim could amass his million out of his panacea, and a Townsend erect his marble palace from the proceeds of his sarsaparilla bubble. But the true physician, he who has spent the best of his life in cultivating a knowl-

edge of his profession, inhabits the lowly cottage, is unostentatious, and too often neglected, and poor. Would you elevate him and his calling? If so, I repeat it, respect him, and let him respect it. Let us, if we have not, cease to recommend or use nostrums, and have no connection with quacks; exclude them from our counsels. If the community will not employ us, let it employ them, and we will retire to humbler, if not more congenial pursuits.

Now, gentlemen of the Medical Profession of Schoharie County, what have we been doing in years past to advance the interests of our profession in this county? Have we not been sitting listlessly by the pool, waiting for the waters to move, or disheartened, may be, with the slow appreciation of a public from whom the realization of our expectations has not been fulfilled? If we have been wanting in times past, I trust we shall not in the time to come. We are already beginning in the right way. The reorganization of this Society I hail as a bright harbinger of a better time coming. Let us welcome its advent, and speed its progress as becomes the devotees of a noble and time-honored profession.

Case of Fibrous Uterine Tumor growing from the Fundus Uteri, within the Abdomen, over 12 lbs. in weight, successfully removed, and perfect recovery for three years. By ROBERT NELSON, M.D., New York.

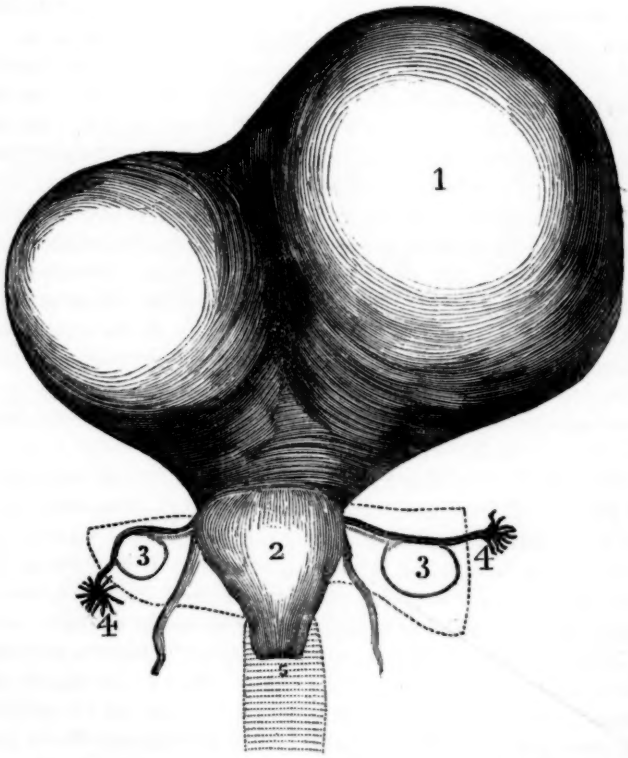
[Read before the N. Y. Medico-Chirurgical College, Dec. 22, 1859.]

Mrs. David Sidle, æt. 34, had her first catamenia at the age of 16, which continued with regularity ever since; has never been troubled with the ordinary uterine sufferings of women. Married at 25, has never been pregnant. She wishes advice and treatment for an irregularly shaped tumor in the abdomen, of over five years' standing. It gives her no pain, or other inconvenience, than by its weight and pressure on the viscera. For a long time past has been under routine treatment in New York and Brooklyn, such as leeching, cupping, blisters, issues, tartar-emetic ointment, &c., all of which have left permanent marks on the abdominal skin of their useless severity. She has been assured, and says, that she has two ovarian tumors. The larger one is on the left, the smaller on the right side. Their growth has been slow, until this last month; since then they have increased to double their former size. The left tumor fills all the left iliac region and extends up to the ribs, and a little way to the right

of the linea alba. The right one is smaller; they leave an interval between them, into which the abdominal parietes can be pressed. When she stands up the whole mass presses forward; lying down, on either side, they sag that way, and do not appear to be adherent in front. They are very hard, inelastic, and free from pain, but distress her very much by their distention, crowding the viscera towards the thorax, impeding respiration, and pressing on the stomach so much as to limit its capacity and confine her to a scanty meal, though desirous of a hearty one. From dyspnœa, incapacity of the stomach, indefinable distress and rapid increase of the tumors since the last few weeks, she is convinced that she cannot hold out much longer; and believing her trouble due to ovarian enlargement, of which she was assured by her physicians in New York and Brooklyn, she now solicits an operation for their removal, though well aware of its magnitude, and the risk to her life. Having advised her to reflect a while longer, she returned to her residence, 50 miles in the country; but came back in eight days, a woman much altered for the worse, in looks and distress. She is now incapable of walking from her hotel to my house, as she did the first time she called on me.

June 25th, 1856. Assisted by Drs. Yanney, Huard, Henry Nelson, and in the presence of several practitioners, chloroform administered, the operation was commenced by an incision through the linea alba from near the pubis to two-thirds above the umbilicus. The double tumor was rolled out, followed by the intestines in a gush. It grew from the whole base and sides of the uterus, here enlarged, by a neck three inches in diameter, the largest portion filling the whole left side of the abdomen, and the right reaching to the ilium, but not so high up as the left one; the third process, or posterior portion, extended into and filled the hollow of the sacrum. It was traversed by several broad, flat veins on its surface, traveling to the lateral ligaments. The left ovary was about the size of a butternut; its fallopian tube natural, though vascular; the fimbriæ expanded, and adhering to its digitations were a few vesicles, the size of a pigeon-shot. The right ovary, tube, and fimbriæ were quite natural. The neck of the tumor was transfixed by a long needle and tied in three portions; the peritoneal surface being slightly divided, so as to bury the ligature without constringing that membrane. The neck was now divided, and the tumor removed. After this we could see that a considerable proportion (the third process) of the tumor extended deep into the hollow of the sacrum, adhering to the base and posterior face of the uterus. This could not be removed unless along with the uterus.

The next step was to replace the intestines, which were left outside unfingered or meddled with until now, and to close the wound with ten common interrupted sutures and adhesive straps—the ligatures from the neck hanging out above the pubis—compresses and tailed bandage.



1, Fibrous Tumor. 2, Uterus. 3, Ovaries. 4, Fimbriæ of Fallopian Tubes. 5, Vagina.

She came out of the anæsthetic state slowly, and vomited a little. Two grains of opium given. Slept comfortably from nearly twelve to six P. M., though interrupted a few times by vomiting a mouthful.

26th. *Second day.*—A good night: no fever, pulse and tongue natural, no thirst. Says she is subject to acidity in the stomach, and feels a rawness down the œsophagus and in the stomach; vomits, or rather regurgitates, a mouthful of acid fluid; she looks quite natural.

27th. *Third day.*—Passed a tolerable night, but complains of acidity, raw feeling down œsophagus and in stomach; vomits, or regurgitates, a mouthful occasionally, and without nausea. No fever, nor pain in abdomen; bowels confined; turns from one side to the other to relieve lassitude; but this has disturbed the dressings, which are now saturated with *liquor abdominalis* escaping at the exit of the ligatures. Remove the wet, to substitute dry compresses. What can be seen of the wound in the intervals between the straps is united, and does not present even a shade of color to indicate inflammation, nor has the cut been disturbed by her frequent rolling over in bed. No tenderness on pressure anywhere; abdomen slightly tumid from flatus; no motion. To take castor oil, and at bedtime ij. grs. opium.

28th. *Fourth day.*—Had a copious evacuation this morning; pulse and countenance natural; is lying on her side. Has taken broth and bread. Raised in bed to 45°, to relieve lassitude. Troubled with flatus in both stomach and intestines; face slightly flushed at 2 P. M. To take vj. grs. calomel. This operated freely in the evening, and brought away a quantity of fig-skins, eaten four days before the operation; flatulency quite relieved; sour stomach and raw feeling in œsophagus much diminished. Replaced the wet with dry compresses, the liquor abdominalis still escaping rather freely.

29th. *Fifth day.*—Has had refreshing sleep, in naps of three hours; no pain in abdomen; no fever; had several liquid stools; urinated by herself to-day, for the first time since the operation; slight acidity of stomach and raw feeling in œsophagus continues; to take another dose of castor oil. Replaced the wet with dry dressings; liquor abdominalis escaping in less quantity; ij. grs. opium at bedtime.

30th. *Sixth day.*—Had a very good night. Several stools, with much flatus, from the oil of yesterday. Mouth, œsophagus, and stomach much easier; is cheerful, looks well. Ate cold roast lamb for breakfast. Removed all the straps and four sutures; dry in place of wet dressings. Escaping fluid has changed from water to seropurulent; ij. grs. opium at bedtime.

July 1st. *Seventh day.*—Had a tolerable night, but is uneasy the fore part of this day, occasioned by pain in the loins, but which ceased in the afternoon, on the appearance of the catamenia—suppressed two months; bowels open; acidity and soreness in the mouth and œsophagus nearly gone. To have cold roast mutton, which she solicits. Changed the wet dressings, now colored with the escape of a little dissolved blood. Removed all the sutures; ij. grs. opium at bedtime.

July 2d. *Eighth day.*—Removed all the old straps and applied new ones, but united in its whole length, excepting where the ligatures came through. Sat up in bed singing part of the day; is very jocose.

On the twelfth day left her bed for her chair; took breakfast at table. On the fourteenth day a part of the slough of the pedicle of the tumor came to the orifice, where the ligatures came out, and was withdrawn. A small amount of sero-purulent matter still escapes, but no water, the peritoneum having adhered around and inclosed the ligatures in a canal.

July 29th. *Thirty-fifth day.*—The second of the three ligatures came away; very little matter escapes.

July 31. Catamenia returned. August 5th, returned home well. August 12th, last ligature came away at her home; discharge quite ceased.

She is thoroughly recovered, and attends to her poultry-yard, dairy, &c., as heretofore.

Remarks.—It is unnecessary to comment on the absurd external treatment she underwent, with a view of acting on or removing enlargement of the ovaries, even if they had been affected. The slow progress of the case for years, and then the sudden and rapid increase, is a usual occurrence to most tumors. The mass removed weighed over 12 lbs.; grew from the fundus and back of the uterus, which was here enlarged and developed into a fibrous structure merging into the tumor; but the lower part of the uterus was natural; the os and cervix in the vagina felt quite so. Cut into, the tumor presented a hard, yellowish, fibrous, closely-knit structure, without apparent vessels in it, though its peritoneal surface was coursed over by a few broad and flat veins. At the time of the operation, I felt inclined to remove the uterus along with the tumor, which could easily have been done, and since then I have regretted not having done so, in preference to leaving so large a pedicle and portion of diseased structure behind. In this operation, as in several others, I disregarded the useless precaution of heating the room. The window was left wide open in this case, and in another that could not be heated the temperature was 46°, the season being cold and rainy. From the numerous cases of exposed intestines I have seen caused by various wounds, and no evil following, I was always satisfied that exposure to cool air, for a short time, was more injurious in imagination than in reality. In one case—a little girl—the parietes of the abdomen were torn open by falling from a height on to a hook; the bow-

els escaped, and were collected in the child's clothes, in which state she was laid in bed. It took more than half an hour before I reached her. I found some small portions of the intestine adhering—dry—to her clothes. This case recovered without notable peritonitis, as did many others I could cite. I have known punctured wounds into the abdomen, as by a skewer, a scissors, pitchfork-prong, bayonet, &c., produce high inflammation, but very seldom has a large incision done so, unless "too surgically" treated. The same thing happens in large joints, especially the knee-joint. On these facts, I do not hesitate to make free, roomy cuts into these cavities, enabling an operation to be completed without that repeated groping, so injurious to the patient, that too often happens to those who are sparing of their incision.

In every case where a free incision is made into the peritoneal cavity, there is an escape of peritoneal liquor; and when a ligature is necessarily left in the track, the liquor will escape for several days, wetting the dressings, until the peritonea have adhered about it, inclosed it in a canal, as it were, shutting it out of the abdomen. I have not seen this fact noticed, though it is doubtless well known to experienced surgeons, and ought to be made known to those who are less well informed.

The frequent turning over, and change of position, even from the first hour, did not appear to derange the closure of the wound. The gastric trouble was an idiosyncrasy, increased by the presence of undigested fig-skins, and doubtless contributed much to her restlessness and vomiting. The sutures were left in six whole days, fearing the possible effects of her movements. On the seventh day her catamenia, two months suppressed, appeared, and reappearing twenty-four days after, spoke favorably of the operation.

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Not having seen or heard of the patient since a few days after her return to her home, until lately, I preferred waiting to know the ultimate result of the case—one in which so much of the disorder had been left behind. I have lately received a letter from her husband, dated Martinas, 17th Nov. last, in which he writes: "You wished to hear from me in relation to my wife after we left San Francisco. She continued to improve in health steadily, and in a short time she was able to attend to her household work. The opening where the ligature came out, about the size of a pipe-stem, discharged a little every day for some time. The following summer she never enjoyed better health, never was so pleased in all her life before; we were

both delighted with her condition; so much so, that her mother sent her a fine, rich carriage to ride about in. However, in December, 1858, she was all at once taken down with a violent pain in her bowels and a great swelling. I took her to San Francisco, to Dr. Huard, the same that helped you at the operation. He applied poultices, and in two days it broke near the lower part where the opening had been made. The matter that issued was bad indeed; the discharge increased till it ran a stream the size of a large pipe-stem. This opening increased in size; her flesh seemed to decay away. Her food also came away ten minutes after eating it. She had no passage over a month before she died, on 17th March last, in her full senses, without a groan, having enjoyed life nearly the whole of three years."

It will be seen by this account that her last illness continued three months, during a month of which time her bowels were not moved, the ingesta passing out of the abdominal perforation.

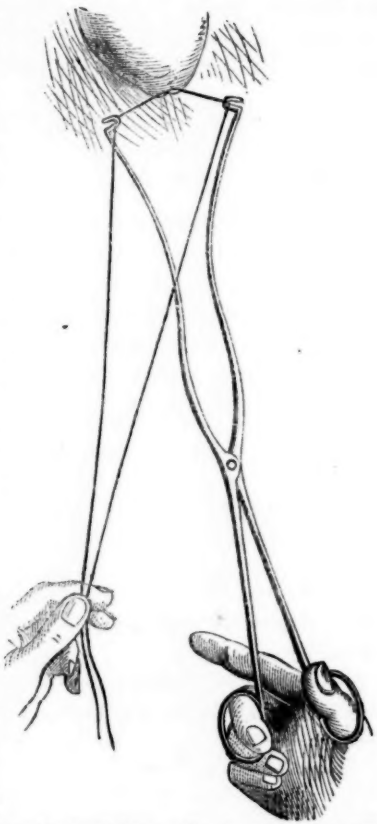
What was this sudden and last affair? Was it due to the remains of the tumor, from which she seems to have recovered? Or, since no mention is made of a re-growth from what remained behind of the tumor, which scarcely would have escaped her or her husband's notice, is it likely that the removal of the major part arrested the further growth of what remained; or was it due to some intestinal obstruction, ending in perforation, as shown by the escape of her ingesta? It is to be regretted that no better or more complete account of the case is known, as could be furnished by an autopsy, if only to throw light on what happened to what remained of the tumor.

243 Wooster Street.

A New Instrument for Tightening Knots in the Ligature of Pedunculated Tumors, Polypi, etc. By A. L. Carroll, M.D.

One of the most trying procedures to manual dexterity is, as every practical surgeon knows, the operation of tightening knots in cavities not affording scope for the unembarrassed use of the fingers; as, for example, in nasal and uterine polypi, etc.

Many ingenious, but, to my mind, too complicated, instruments have been invented for this purpose; all of them necessitating the disengagement and readjustment of the ligature for each knot.



A short time ago, having occasion to ligate a pedunculated tumor on the palate of a lady of this city—a situation where "'twere well if 'twere done quickly"—I had an instrument made by Mr. Tiemann, 63 Chatham St., of which I give a drawing, which, I think, will be found in other hands (as it was in mine) to answer its object satisfactorily. The ligature being held by the blunt hooks, which are at right angles to the branches, is readily passed around the tumor and the instrument withdrawn: a single knot is tied, which is easily slid up to the tumor and tightened, the instrument operating after the manner of a glove stretcher. A second knot is tied in the same manner, and with almost as great facility and rapidity as could be achieved by the fingers in an accessible situation. It might also be of service to tighten a ligature upon a vessel at the bottom of a deep wound, where the fingers cannot be readily used.

179 NINTH STREET, *Dec. 18th*, 1859.

The Croup-Process. By DR. PORGES, Physician for Diseases of Children at Pesth.

Translated for the AMERICAN MEDICAL MONTHLY, from Wiener Med. Wochenschrift, No. 31, 1859.

The cause of this morbid process is still involved in much obscurity, notwithstanding the efforts of many experienced and qualified physicians. A long time may yet elapse, and many ingenious theories be

conceived by anatomists and practitioners, before the true one is established. We are justified, therefore, in removing the discussion of this mysterious process, by making the following attempt at its explanation.

The characteristics of the croup-process are:

A. The fibro-albuminous exudation as a symptom of inflammation.

B. Paroxysms of suffocation terminating in death.

A. *The fibro-albuminous exudation as a symptom of inflammation.*

Under this head are to be considered the following points:

1. Are the symptoms of croup those of a genuine inflammation?

a. From a clinical point of view.

b. From an anatomico-pathological point of view.

For the sake of greater clearness, I may be permitted to compare the course of croupous pneumonia with laryngo-tracheal croup.

a. From a clinical point of view.

Croupous Pneumonia.	Laryngo-tracheal Croup.
High fever and symptoms of inflammation from the beginning.	Fever and inflammatory symptoms are often absent in the beginning.
Local pain, local burning heat upon the corresponding wall of the thorax.	Seldom are there local pains—no heat of the larynx.
Crackling and rattling respiration; sputa yellowish, afterwards inspissated.	Sibilant respiration, bruit de drap; sputa always albuminous and coagulated.
With increasing illness the circumscribed redness of the face becomes darker, the skin drier, and the body hotter.	Face always pale, except during the paroxysm of suffocation—the skin moderately warm, or cool and moist.
The mouth hot and dry.	The mouth warm and tongue moist.
Pulse hard and full.	Pulse soft and small.
Dyspnœa general, and gradually increasing.	Paroxysmal dyspnœa, often greatest in the beginning.
Delirium.	Intelligence clear until death.
After exudation the inflammation involves the adjoining or opposite parts.	The exudation is repeatedly deposited—oftentimes for a fortnight afterwards—in the trachea and larynx, and extends in a third of the cases to the bronchii.

The more abundant the exudation, the more violent the symptoms.	The exudations are usually abundant, and, with the exception of paroxysms of suffocation, the symptoms are obscure and threatening.
The termination is different, according to the severity of the disease. In most cases, it is in recovery, and but seldom in suppuration, gangrene, &c., &c.	Recovery is rare, exudation continues until death by suffocation; the tissues and mucous membrane remaining unchanged.

b. From an anatomico-pathological point of view.

There is an abundant development of cells, a moderate exudation of fibrin and extravasation of blood.	Trifling development of cells, excessive fibro-albuminous exudations, without extravasation of blood.
The exudation undergoes metamorphosis.	The exudation is found always the same, even in the cadaver.
The mucous membrane and the submucous cellular tissue exhibit changes corresponding to the condition and course of the disease. Thus we find them dissolved, thickened, softened, hardened, suppurated, gangrenous, &c., &c.	The mucous and submucous cellular tissues exhibit no changes, or but very slight changes, which do not in the least correspond to a disease affecting tissues so deep as these.

From this comparison, it follows that laryngo-tracheal croup is, 1st. From its want of symptoms, not a genuine inflammatory disease. 2d. It is not a local disease, because the tissues of the larynx and trachea are not in the least changed by it.

We find, then, that the larynx is only the theatre or point where the disease exhibits itself, and the question now arises as to its proper seat. Is it in the blood? In severe and obstinate acute, as well as chronic diseases, it has been usual hitherto to attribute to the blood a peculiar morbid activity, producing, according to the process existing at the time, *materies morbi*, which, circulating, is at length thrown off with more or less disturbance in any predisposed locality, leaving the blood in a purified and restored condition. This doctrine of crasis or discrasia of the blood, which speaks of syphilitic, arthritic, or scrofulous ophthalmia as a syphilitic, arthritic, or scrofulous discrasia, and of croup and other inflammatory diseases as a fibrinous crasis or discrasia, &c., is now exploded.

The blood is the liquid life; that is, it contains all the principal elements of the human organism, partly in a liquid and partly in a plastic state. But all its morphologic and amorphous parts are introduced into it, and are no more the product of its activity than gold is the product of gold-carrying rivers. The blood-corpuscles come from the liver and the spleen, the albumen from the lymphatic glands, and the salts are introduced by endosmosis. Vital force, then, may be wholly confined to the restoration of the stœchiometric or elemental relations of the organism, to the preservation of the crasis or constitution peculiar to the individual, and to the equalizing, by means of exosmosis and endosmosis, the unequal plus or minus existing at any time in these several respects. The blood, therefore, in its course merely receives and delivers. It may even receive obnoxious substances, which temporarily change its composition or partly destroy it, as, for instance, carbon; but it cannot produce or develop substances either good or bad; and so far as this is concerned, there can be no question about discrasia. The idea that the blood can produce *materies morbi*, to be ultimately deposited in some irritated or predisposed organ, must henceforth be given up. The blood can carry these morbid elements to any organ, but some other organ must previously have introduced them into the blood.

In regard to croup, therefore, it follows that the blood itself cannot form, but only convey to the larynx the morbid products peculiar to this disease, and that their origin must be sought for elsewhere than in the blood.

Now, since the albuminous material, the presence of which forms the most essential symptom of the croup-process, can be produced neither by the mucous membrane nor by the blood, the seat of the disease must be in those other organs which are constantly producing and restoring albumen to the blood.

The laboratory for albumen, both in health and disease, is the lymphatic glands. The opinion of physiologists, that albumen and fibrin are used in the organism in the same form as offered in alimentary substances, cannot, in the progress now making in chemistry and physiology, be long maintained.

The circulatory system, therefore, is not solely a system of tubes, whose office is to distribute the blood-making elements introduced into them from without, which, entering into combination with various other ingredients of the food, become then qualified and capable for the maintenance of the individual organism. Doubtless human albumen is more perfectly fitted for the construction of organs which

are the media of thought, feeling, and will, than the albumen of plants.

The normal as well as abnormal production of albumen must, therefore, take place in the lymphatic glands, and in the case of croup especially, in those so largely distributed about the larynx and trachea; and the extensive network of lymphatic vessels with which these glands are connected supplies them constantly with fresh material.

Increased formation of albumen also takes place in pneumonia and other inflammatory diseases of the mucous membranes. The albuminous exudations of croup are distinguished from all similar ones, however, aside from their specific inherent qualities, by the fact that they do not undergo any decomposition, but are always expectorated, vomited, or evacuated unchanged and spontaneously, and without any oppression of breathing, if deposited, in the first instance, in bronchial tubes of the second size.

A state of increased productiveness on the part of an organ presupposes a state of irritation. Can this be proved true of the glands in the case of croup?

So far as regards the pathological anatomy of croup, the results are altogether negative. Barthe merely says, "that the bronchial glands are generally large and soft."

The proximate cause, however, of the irritation of the lymphatic glands is probably a miasm having the same affinity to these that typhoid-miasm has to the abdominal glands. The glands receive the miasm in the first instance, are affected by it, react with increased energy, and pour out, with slight symptoms of local inflammation, their products upon the larynx and other organs. If asked, Why to the larynx? we answer, that this organ, so prominent as an intermediate agent between the individual and the external world, is, at the age of from three to seven years, in full course of development, and consequently in a physiological state of excitement, and for that reason a point less likely than another to resist disease.

Cold, mechanical irritation, or chemical agencies, do not produce croup.

B. *Paroxysms of suffocation terminating in death.*

These have been quite ingeniously explained by referring them to the swelling of the mucous membrane, especially of the glottis, and to the diminution of the calibre of the trachea, from the exudation poured out upon its inner surface. The following facts, however, are

inconsistent with this explanation. Paroxysms of suffocation frequently appear before any cough is heard.

In simple laryngitis, swelling, croupy sound, and exudation appear without such attacks; they occur even when no false membranes can be detected during life, or found after death; or when such membranes are no longer found in the larynx, but in the deep-seated bronchial tubes only. They terminate without the exudation being removed; and finally, that in similar diseases, such as severe catarrhal inflammation of the lungs, extensive pneumonia, or pleuritic effusion, however severe may be the dyspnœa, no paroxysms of suffocation appear.

Then another explanation was suggested. It was said that "the muscles of the larynx are infiltrated, œdematous, and therefore unable to keep open the glottis." Aside from its incorrect physical basis, there should, according to this explanation, be no paroxysms at all, for the patient would be suffocated at the moment such infiltration occurred.

Thus, finally, croup is to be explained as something intermediate between the inflammatory and spasmodic diseases of the respiratory organs.

I consider the paroxysms as spasms, which are produced by the influence of the croup-miasm on the nerves of the neck, similarly to what we find occurring in the case of typhus.

That croup, however, is due to a miasm, is indicated by the following:

(*a.*) By the adynamic character of the reaction, as shown by the small, weak, and quick pulse; the somnolence; the contradictory nature of the symptoms, as shown by a cool, pale, moist skin, with absence of thirst, in a disease so severe and acute as this; from the fact that the longer the duration of the disease, the quicker become the movements and the clearer the sensorium; that sudden attacks of laryngeal breathing occur in the midst of the most perfect health; from the livid redness and gradual œdema of the parts predisposed to exudation; that death occurs without much, and frequently without any, exudation.

(*b.*) Epidemics are caused always by a miasm. Sporadic croup, like sporadic typhus, is also a miasmatic disease.

From what has been said, it follows that croup is a miasmatic disease, involving primarily the lymphatic glands of the respiratory organs, and localizing its products on the mucous membrane of such organs.

I may be permitted to add a few conclusions derived from experience.

1. That there exist family predispositions to croup; the disease affects lymphatic children.

2. Croup results as little from laryngeal catarrh as typhus from gastric fever. A catarrh may arouse, however, the predisposition to the miasm.

3. Emetics arrest croup if administered at the time of miasmatic infection; but can this time be ascertained with certainty?

4. There is no direct treatment of croup. We know neither the nature of the miasm, nor have we a specific antidote for it. The indirect method of cure consists in depressing the increased activity of the lymphatic glands. From the traditional treatment, with very rare exceptions, I have seen not the least benefit.

5. Emetics, as well as tracheotomy, fulfill only vital indications.

6. Depletion has just as limited an application as in typhus.

7. Cauterization can disturb the localization, and postpone, but cannot stop, the course of the disease.

8. In the milder forms of the disease, where the morbid process becomes speedily exhausted, the miasm being less concentrated, recovery may, but seldom does, take place.

9. As all miasmatic diseases may develop contagion, children should be kept from croup patients.

10. The fever is the only criterion of the course of the disease. As long as the pulse does not return to its normal standard, the prognosis is doubtful. L. J.

Iodine as a Disinfectant and Antiseptic. By DR. MARCHAL, (de Calvi.)

At the session of the Academy of Sciences, held August 8, 1858, Dr. Marchal directed attention to the subject of Iodine, as deserving a prominent place among the disinfecting agents. Its antiseptic properties had previously been recognized and demonstrated by Duroy. Nevertheless, Dr. M. had employed iodine, at Val-de-Grace, in the dressing of gangrenous or simply fœtid sores and poisonous wounds, before the publication of the labors of Duroy. He employed it empirically, while Duroy proceeded scientifically. The treatment of suppurating bubo by injection of iodine—common with Dr. M. and Dr. Roux, of Toulon—which furnishes such fine results, is of a date anterior to 1848.

In speaking of iodine as a disinfectant when applied to wounds, the

author does not include septic wounds. In fact, an important difference exists between septicity and putridity, or, rather, fœtidity. The venom of the viper, the miasm of eruptive fevers—these are septic, but not fœtid. And, on the other hand, an exudation may be fœtid and yet not septic. The gases which Bichat breathed in the ampitheatre, and which he encountered with their fœtor, were not septic, and gave rise to no accident. One day, however—and it was a sad day for science—Bichat had worked for a long time on an anatomical preparation giving off so horrible a fœtor, that those who ordinarily assisted him in his labors were obliged to leave, and he soon experienced the symptoms of the putrid malady which ended his life. Septicity was present that day and in that body; along with the stench, there was a poison.

Everything that is claimed by the discoverers and partisans of the mixture of plaster and coal-tar, is more powerfully possessed by iodine. No other substance possesses, to the same extent, the characteristics which essentially constitute disinfectant properties. Chlorine, indeed, is a true disinfectant. It conquers both fœtidity and septicity, by changing the nature of putrescent substances through a species of oxydation or combustion. But, however energetic and instantaneous its action, it leaves nothing in reserve—it is not a preservative from subsequent decomposition. In the instant that it acts by subtracting the hydrogen from substances in a state of putrefaction, it consumes all its activity. Chlorine is active, but unstable. It is an excellent *disinfectant;* but it does not *preserve* from *infection.* Chlorine is more stable in the hypochlorites; but these disinfectants cannot be long used in the dressing of wounds, because they have a tendency to act upon tissues like caustic alkalies.

There are agents, both liquid and solid, such as the salts of lead, zinc and mercury, which possess great modifying powers. They are anti-putrefactives, in large doses. But they can only be employed, in exceptional cases, in surgical therapeutics. Aside from their toxic properties, they are either too astringent or too caustic.

Charcoal can absorb putrid gases, but it has no power of arresting decomposition. As for tarry substances, resins, essences, or hydrocarbons in general, they have been always recognized as suited for the removal of offensive odors. We have forgotten too much, in medicine, the tinctures and aromatic balsams, and detergent ointments of our old pharmacopœias. Veterinary practice does not deserve such reproach, and it may be asked if this has not been occasioned by its re-

maining empirical? But, like charcoal, these different substances do not prevent putridity.

The true antiseptic is that which prevents the appearance of putridity, destroys it when already existing, and prevents its reappearance. Such an antiseptic is iodine. Dr. Marchal employs it in the form of solution, in an aqueous solution of an iodide. The aqueous solution appears to be more efficacious than the alcoholic, since there is produced, with the use of the latter, a constriction of the tissues, which only admit of slight penetration of the liquid charged with the antiseptic. The alcohol also coagulates albumen, which would likewise retard the absorption.

The iodide solution can be injected into sinuous portions of sanious and fœtid ulcers, which cannot be done with a pulverulent or semi-solid substance. It is only necessary to moisten the dressing from time to time, without the necessity of uncovering the ulcer several times a day—an advantage which will be properly appreciated by surgeons. In hospitals, the iodine escaping from the apparatus, saturated with its solution, will serve to purify the air of the wards. Dr. M. thinks there is no condition so favorable for the sick and wounded, under ordinary circumstances, or in times of epidemics—especially those of a typhoid or typhus character—as a continuance in an atmosphere suitably iodized. The miasm arising from crowded quarters, more fatal to armies than fire or sword, most probably has its antidote in iodine.

Dr. M. would indeed say a *certain* antidote, for he admits the important opinion of Duroy, that *iodine combines with all ferments, rendering the unstable molecules that constitute them more stable, and arresting the movement towards decomposition, even in the presence of the atmosphere.*

There is a ferment in typhoid fever, and Dr. Magonty has just successfully employed iodine in this pyrexia, as Marchal, imitating his example, has also done. The same result has attended its use in puerperal fever. There is a ferment in angina; and Dr. M. had a case of a little girl, aged six years, attacked with guttural diphtheria at the close of an attack of scarlatina; the false membranes, although very thick, dense and adherent, were detached in less than forty-eight hours, and a cure was effected in eight days from the commencement of the iodine medication. The same effect of iodine is known in syphilis and purulent infection.

Chatin has shown what evil may result from the diminution or absence of iodine in the air and in our drinking water; and it is well known what good may result from the presence of a small quantity of

iodine added to the air of the rooms we occupy, especially when sick are contained in them. A very remarkable effect of the iodine solution, employed in the dressing of sores, is to attach itself, in some manner, to portions of tissue which seem devoted to destruction: as in cases of very large anthrax, attended with isolation of considerable portions of the cellular tissue. Finally, iodine is not only an antiseptic, but it is an admirable agent for cleansing sores, for hastening granulation, and prompt and satisfactory cicatrization.

Application.—Dr. M., by briefly narrating a recent case, in which he used it, communicates the mode of its application and the dose. "A man, 78 years old, who was accustomed to drink freely of wine, and often of brandy, at his meals, was seized with an inflammation of the foot, the gangrenous character of which was unsuspected. In a few days, the whole foot became black. The sole was convex, and sonorous on percussion. There was no fever and no loss of appetite. By saying there was no fever, it is meant that there was no excess of heat. As to the pulse, it was of astonishing slowness—44 to 49 beats to the minute, and never more—but it was full and heavy. The urine contained a notable excess of uric acid. The patient was put on bicarbonate of soda, and the gangrene, which had already invaded the lower part of the leg, was arrested. At the end of about a month, a sanious ulcer established itself between the living and dead parts; this ulcer gradually deepened, and, to aid the elimination, I cut, from time to time, some of the tendons and ligaments. In this way the articulation of the foot with the leg became open. This went on, until the commencement of the excessive heat in July. The fœtid odor exhaled from the foot was horrible. One day, while raising the apparatus, I experienced a violent constriction at the throat, and during the whole day I suffered with dry, turgescent lips, and with prickling sensations. Two women, who nursed the patient, had vomiting and diarrhœa. Up to this time, Labarraque's hypochlorite and a concentrated solution of nitrate of lead had been employed. The opportunity was favorable for testing, comparatively, iodine. I made a solution as follows:

R.—Iodine,	grammes,	xx.
Potass. iodid.,	"	xxv.
Aquæ distillat.,	"	ccxxv.

Each day, at the dressing, I poured into a flask, of the capacity of a litre, containing common water, about one-twentieth of this solution, nearly eleven grammes, representing one gramme of iodine; and this iodine water was poured out slowly and continuously during the

changing of the apparatus, and the parts were covered with compresses saturated with the disinfectant liquid, which being freely moistened with the same, from time to time, remained in position until the following day. I employed, also, this liquid by injection, since there were established sanious passages along the leg; one along the anterior tibialis, which the sphacelus had attacked. Furthermore, I touched with the pure solution the most sanious portions, especially the portions of the bones. Thanks to this novel dressing, the fœtor soon ceased, to the great satisfaction and surprise of those attending or visiting the patient.

As I only report this observation, with reference to disinfection, I might stop here, but it is interesting to know the termination of the case. Nearly three months had passed away, the foot had been detached, and the natural elimination of the lower part of the bone of the leg, which jutted out of the sore, was being expected. The sore was granulous, roseate, and in good way towards cicatrization from the circumference to the centre. The animal functions were admirably accomplished, and we were awaiting a cure, which, considering the age of the patient, and the nature of the lesion, would have been remarkable. The patient was full of confidence and hope. He had suffered from a catarrh for years, and had had attacks of cough, almost suffocating him, much to the terror of the assistants. One day, as I arrived to dress the leg, there was a prolonged choking cough, he became livid, almost black, made some convulsive movements, and fell back on his pillow. The left jugular vein, of enormous size, was exposed. I plunged a bistoury in, and two pounds of black blood flowed out; the blood did not coagulate even at the moment of death. But all was vain, the man was dead.

In conclusion, I would express a desire that iodine be experimented with comparatively, at the same time, as the other agents proposed for the disinfection of ulcers.—*L'Union Médicale.* L. H. S.

Hygienic Treatment of Diabetes Mellitus, or Glucosuria. (From the French of Bouchardat.)

This paper contains the results of the labors of Bouchardat, for more than twenty-five years, on the most important portion of the treatment of glucosuria.

Food.—The first rule to be observed in the alimentation of a patient affected with glucosuria is the suppression, or at least a large

diminution in the quantity, of fæculent articles; such suppression or diminution constitutes the basis of the treatment. The following should be prescribed, as far as possible: ordinary bread made either of wheat, rye, or barley; pastry of rice, corn, or other grains; potatoes and potato-starch, arrowroot and other forms of starch; vermicelli, semola, macaroni, &c.; leguminous seeds, such as kidney-beans, peas, lentils, and common beans; chestnuts, buckwheat; sweetmeats and saccharine drinks. The exclusion of saccharine food from the regimen should be absolute, and continued for a greater length of time than that of fæculent articles. The use of milk is unfavorable.

The articles of food which are allowable are very numerous. Meat, poultry and other kinds, can be recommended; and they can be prescribed, boiled, broiled, or roasted, or cooked in any other way, with all the condiments that may stimulate the appetite; avoiding, however, the use of flour in the sauces. Liver should be prohibited, as well as gelatinous preparations. Fresh and salt-water fish offer a rich variety for the table of the patient. Other animal food, such as oysters, muscles, snails, lobsters, prawn, frogs, &c., may be employed every day with advantage. Eggs, in all the forms that culinary art has devised, are very useful. Although milk is but little suited for glucosuric persons, yet good fresh cream is, on the other hand, allowable. Cheese of all kinds should be forbidden. The list of legumes allowable is tolerably large: it need only be remarked that fatty bodies (oil, butter, grease, &c.) should be employed in more than ordinary quantity in their preparation; that, in the sauces or dressings, the yellow of eggs and cream should replace the proscribed flour; and that, whatever they may be, those legumes should always be avoided which are very fæculent. Mushrooms and truffles may be employed.

From time to time, in moderate quantity, the following fruits can be used: apples, pears, cherries, raspberries, strawberries, pine-apples; but always without the addition of sugar, and only when the urine is not saccharine.

Before speaking of beverages, we must notice a matter of great importance—the replacement of bread and pastry. Patients affected with glucosuria complain bitterly of being deprived of bread and fæculent food; if the desire for such can be diverted, it is always well. For seventeen years that I have employed gluten bread, its usefulness has not been denied; and it is an adjuvant which has been very important in a large number of cases of glucosuria. Some have pretended to find in gluten bread a cure for glucosuria; such was never my opinion. I sought simply for an article of food which might replace bread with-

out having its inconveniences for patients, and I believe this is such an article.

Some patients support, without any great annoyance, abstinence from bread and starch food; for such gluten bread is not required, but, I am bold to say, they are exceptional cases. For such, one or two cakes, in the course of the day, answer instead of bread. Some, indeed, whose attack is but slight, can, by simply diminishing the amount of starch ingested, or by the employment of alkalies or energetic exercise, cause a return of the urine to its original condition: such have no need of gluten bread. But these cases are by no means serious, and are infrequent.

Beverages.—Wine plays an important *rôle* in the treatment of glucosuria, and I firmly believe that I have rendered a service just as great to such patients, by substituting alcoholic beverages for fæculent articles of food, as in demonstrating that abstinence from such articles was indispensable to them. The old red wines of Burgundy and Bordeaux are preferred; yet all red wines, that are rather astringent than acid or sweet, suit very well. As regards quantity, I do not give less than a litre (about one quart apothecaries' measure) in twenty-four hours; and for vigorous men, who exercise much, it is sometimes proper to give still larger quantities. Beer is very unfavorable, and the dextrine which it contains explains this action. I proscribe saccharine *liqueurs*, but I grant freely the use of a small glass of rum, brandy, or Kirschwasser, at the principal meal. Coffee is useful for almost all patients affected with glucosuria, and, if not contra-indicated, I prescribe at least one cup after the principal meal. It should be taken without sugar; but a little rum, brandy, or cream may be added. Some patients take two or three cups a day.

Wine-and-water is preferable to all tisans. Sometimes it is well to take an infusion of hops or of bitter vegetables. Under any circumstances, it is well for patients to drink with great moderation. A quart of pure Bordeaux wine will allay the thirst of the day, if the regimen suggested is followed.

Lemonades, &c., sought after by patients with much desire, are very detrimental; they do not appease thirst better than cold water, and they contribute to the saturation of the free alkali of the blood, which prevents, as Chevreul has long since proven, the prompt destruction of combustible alimentary material incessantly introduced, into the circulatory apparatus, from the digestive apparatus. I forbid them absolutely. Mialhe has also insisted, with as much earnestness as reason, against the use of acid drinks.

Patients should drink small quantities at a time; large quantities of liquid ingested at once may contribute to keep up the abnormal secretion in the stomach, with reference to which I have so much insisted. They should always eat slowly. This is for a double reason: first, to avoid indigestions, which are to them more unfortunate than to other patients; secondly, to favor the return of the stomach to its ordinary dimensions. To attain this end, also, we may employ a band of flannel, slightly tightened, about the region of the stomach.

Clothing.—I have shown that sudden chills were pernicious to patients afflicted with this disease. Hence the propriety of employing good flannel underclothing. This also serves to re-establish the functions of the skin, which should be active. Hence, I always prescribe flannel garments, covering the whole body, so as to keep up gentle moisture of the skin.

Exercise.—Patients who have had the disease for some time experience spontaneous weariness—a sensation of debility, sometimes accompanied with pains in the thighs, legs, and articulations, which are increased by the slightest work or smallest exertion: it is difficult to require them to exercise, but as soon as, from a suitable regimen, their forces begin to return, they must use exercise. Walking, exercising the whole body by some manual labor, or some gymnastic recreation, are of undoubted utility. The exercise should be progressive: if too violent, it will determine injurious curvatures; neglected, it will retard the complete establishment of the strength, and, consequently, the cure.

Sea-bathing and Hydrotherapeia in the Treatment of the Disease.—River bathing, when it is aided by exercise in swimming, is useful; but the advantages of sea-bathing, when it can be supported, are more constant and greater. To determine diaphoresis in difficult cases, I have sometimes employed hydrotherapeia; but the patients should be continually under supervision in the use of such treatment, as, when badly employed, it may produce serious accidents; but when wisely directed, and seconded by a regimen intelligently adapted, it has rendered me excellent service.

It is evident that the treatment should only be gradually abandoned, and when the glucose has disappeared from the urine. It is proper always, *then*, to augment the quality and quantity of the calorifacient articles of food. Good beer may be taken after each repast; three or four spoonsful of cod-liver oil during the day: these are the articles which I would require during the use of sea-baths, or the employment of hydrotherapeia. There must be more caloric: it is neces-

sary that a supply of calorifacient materials at least equal to the loss should be furnished.

By way of *résumé* as to the indications and contra-indications for hydrotherapeia in this disease: When the glucose disappears, or is diminished, so that fæculent materials can be more largely employed, and there is daily increase of strength, hydrotherapeia and sea-bathing are most efficacious methods of treatment in glucosuria; when, on the contrary, under such treatment, the glucose increases, the strength diminishes, &c., these methods aggravate the disease: for we are abstracting caloric from a machine which is already too much impoverished.— *Clinique Européenne.* L. H. S.

Rabies as an Epizootic in Early Ages. By DR. HUSEMAN.

Rabies has found, among the large number of monographs which in the course of its history have been appropriated to this mysterious disease, some special historians. Among these may be mentioned Krügelstein, on account of his "History of Rabies Canina and Hydrophobia," Gotha, 1826, which deserves all approbation for the labor spent on it. It has struck me, that all writers on Rabies canina take their notices of it from modern times—Krügelstein himself citing those only from the eighteenth century. And yet there were cases in earlier times, which came under the observation not only of contemporary medical men, but also of the chroniclers of those days.

Thus, in the first part of a familiar historial book—"Theatrum Europæum," by Joannes Philippus Abelinus, (or Gottfried,) Frankfort, 1634—we find the following, on page 712: "In addition to all the distress and war, and great famine, which extended over almost every place at this time, still another plague appeared, from harvest to November, 1621, in Rheinthal and the territory of Appenzoll, and the surrounding country. For, during the previous summer, the bodies of many thus dying having been thrown into the Rhine and then cast upon its shores, the dogs fed upon them; on which account they became mad, and afterwards attacked the cattle in every direction, and destroyed them. The loss of the people in this way was estimated at 25,000 gulden. At last they were obliged to turn out with spears, rifles, and poles, and destroy every animal thus affected.

"At this period, the trees, as in spring, both in these and in other

places, blossomed, and the birds laid their eggs and hatched forth the young.

"In Siebenbürgen the dogs also ran mad, and not only bit cattle, but even men, causing them to go mad; so that they were obliged, with great labor and grief, to put such infected men and cattle, along with the dogs, out of the way, to prevent still further misfortune and peril, which could not otherwise be avoided."

It is worthy of remark, that Siebenbürgen was specially affected, since, according to Becher's statistics of the Austrian Empire, it still suffers, most of all the provinces of the empire, with rabies. That, in the year 1621, men affected with rabies "were put out of the way to prevent still further misfortune and peril," is perfectly credible, when we think of the manners of the age and the country.

The erroneous idea, that rabies canina arose from the devouring of dead bodies, was extensively believed in the seventeenth and eighteenth centuries, and even finds an expression in the laws of the time. Thus, in the "Laws of the Principality of Lippe," vol. iii., 10, the following circular may be found relating to the interment of dead cattle:

"As it is reported that the required interment of dead cattle has been neglected in some parts of the country, and in others is not made deep enough, so that the dogs can dig the carrion out of the earth, eat it, and become mad, the authorities will take care to have a more strict compliance with the edict of May 4, 1779, and bring those violating it to punishment."

That, by the consumption of carrion, a true epizootic might be produced in dogs, which should have a great resemblance to contagious rabies, later investigations have shown.

In the other volumes of the European chronicles of Abelinus (the work is in sixteen volumes) which I have examined, I find no record except that of this epizootic among the dogs in the seventeenth century. But the misdeeds of wolves, that had gone mad, are recorded in various years. Thus, in 1651, it is stated that in Cologne, on March 31, a wolf, having lately gone mad at Ververs, destroyed twelve men before he could be slain. In his throat there was found a large piece of fresh human flesh, which might have been from a soldier of Lothringia, as these were lying unburied in quantities in that region. In the woods or forests between the Italian States of Pisa and Luca, six large, fierce wolves were seen together, who had become so famished that they not only attacked sheep and other flocks, but also their shepherds and herdsmen, destroying twenty of the latter. Hence the Grand Duke of Florence dispatched his upper master

of the chase, with all his dogs and 400 soldiers, to exterminate these wolves, but they were not to be found.

Similar wolf stories are related of Bohemia, Erfurt, and Touraine, in the years 1652, 1653, and 1671, which cannot here be discussed, since they possess no special interest, and the proofs alleged merely illustrate the characteristics of the style employed in the "Theatrum Europæum." I prefer to add some notices on the mention of rabies in the Bible and the Talmud, for which I have to thank mostly the kindness of my learned friend, Rabbi Dr. Fahrenbach, of Detmold; remarking, at the same time, how much to be regretted it is that the literature of Biblical and Talmudical medicine is so inaccessible.

Although it may be asserted that general rabies is not mentioned in the Bible, yet it cannot be denied but that it is referred to in special passages. For example, in Proverbs, xxvi. 11: "As a dog returneth to his vomit, (as a dog eateth that which he has vomited forth, according to Luther's translation,) so a fool returneth to his folly." The reference is here undoubtedly to dogs peculiarly affected, so that they adopt an unnatural course, which becomes evident by a comparison with the parallel passage, 2 Peter, ii. 22, where another animal is brought forth as acting in a similarly strange way: "The dog is turned to his own vomit again; and the sow that was washed to her wallowing in the mire."

A reference is also had to a morbid condition of the dog in Isaiah, lv. 10, 11: "They are all dumb dogs, they cannot bark; sleeping, lying down, loving to slumber; yea, they are greedy dogs, which can never have enough." The semiotics of madness give strength to the opinion advanced, that rabies is referred to in this passage; for aphony and blind, fearless, snapping habits are to be looked upon as pathognomonic in rabies. Hence the expression, "*Hosim schochbim*," which appears in this passage, "*Klabim illmim*" (dumb dogs) having been used before. *Hosim* indicates, in any case, seeing fantastic images in sleep, and this use is made of it and the series of words which come from it in the Jewish philosophers and religious teachers of the Spanish school. With the last, "*Hasajah*" signifies directly religious fanaticism, madness, &c., &c. An anonymous savant of the Spanish school explains this passage as referring to a disease of the fancy of those who speak in their sleep; whence dumb dogs, those who have fed on carrion, that is, who are rabid, seem to afford an illustration.

The matter must remain in doubt as to this passage, since the reference may be as well to an epidemic disease as to rabies. These are

all the references in the Bible that seem to point to rabies among dogs. Still less is contained of rabies among other animals.

In the Talmud the following appears about mad dogs—Tract. Joma, 83 and 84: "Whosoever has been bitten by a mad dog, to him may be given to eat, as an antidote, the peritoneal covering of the liver." The majority of the rabbins do not hold to this interpretation, because, as Maimonidas explains it, this is no special and reliable antidote. But it is equal to other sympathetic medicines mentioned in the Talmud.

The following symptoms of madness in the dog are given in the same book: open mouth, with saliva flowing from it; badly-smelling ears; tail hanging down, inclined to a side; taking the side of the path in his course.

As a curiosity, I may close this historic trifle with a fact, communicated to me by Fahrenbach, which appears in a Hebrew book of the learned Spaniard, Catalano, published in Venice, 1547. The madness of a dog is said to produce a peculiar effect on the composition of his urine; and the author alleges that *little dogs can be seen in the urine of those who are bitten*, which is most assuredly a capital testimony in favor of the utility and applicability of uroscopia.—*Deutsche Klinik*, Sept. 3, '59. L. H. S.

MONTHLY SUMMARY OF MEDICAL JOURNALISM.

By O. C. Gibbs, M.D., Frewsburg, N. Y.

New Method of Reducing Strangulated Hernia.—In the *Lancet and Observer* for November, Prof. B. F. Richardson, of Cincinnati, reports two cases of strangulated hernia reduced by a new method. In each of the two cases reported, Prof. Richardson employed the usual manipulations for more than half an hour, without success. He says now, "Reflecting upon the mechanism in the *production* of hernia, I determined upon an expedient directly in opposition to the leading injunction of authorities. The patient was put upon his elbows and knees. Grasping the hernial tumor between my fingers and thumb, I pushed it steadily and firmly towards the inguinal ring; *he being at the same time directed to take a full inspiration and then make a strong and continuous expulsive effort, so as to distend the abdominal muscles as much as possible.* Between, as well as during the expulsive efforts, the

tumor was steadily pressed towards the ring. The reduction took place at the *second* effort. The time occupied was not over two minutes."

The philosophy of this plan is, that the expulsive effort distends the ring, and the external pressure has only to a little more than counterbalance this to accomplish the reduction. Prof. Richardson is of opinion that "this mode of management will reduce any abdominal hernia that is reducible without a surgical operation." "It is at least," he says, "time enough for chloroform or the knife if this should fail."

Nursing Sore Mouth—A New Cure for.—Dr. Armor, of Dayton, Ohio, reported, before the Montgomery County Medical Society, (see *Lancet and Observer* for November,) an interesting case of nursing sore mouth cured with *the syrup of the hypophosphites*, after a failure of "all the usual remedies, such as iron and quinine, chlorate of potash, etc., together with a nutritious diet." . . "The tenderness of the mouth, the debility, the distressing sensations in the stomach and bowels, the paroxysms of nervous agitation, and the peculiar pale and languid appearance of the countenance, all rapidly disappeared under the use of the remedy."

Dr. Armor said that he used this remedy at the suggestion of Dr. J. C. Reeve, also of Dayton. Dr. Reeve briefly stated the facts of a similar case in which he had used the remedy, and concluded by saying that he considered his case "the strongest evidence in favor of a new medicine that could ever be furnished by any *single case*."

Dr. Armor used the remedy combined with Sime's elixir of Peruvian bark.

Transfusion in Phthisis.—In an able paper of considerable length, in the November number of the *Lancet and Observer*, Dr. R. E. Haughton, of Richmond, Ind., recommends transfusion of blood in tubercular phthisis. Theoretically considered, benefit might be expected from this expedient; but the Dr's recommendation lacks an experimental basis. It seems to us that, to be beneficial, transfusion would have to be so frequently performed, and through so long a period of time, as to become decidedly objectionable.

Hypertrophy of the Heart.—In the *North American Medico-Chirurgical Review* for November, Prof. Austin Flint has an article on Cardiac Hypertrophy and Dilatation, in which the following practical remarks are made: "Practitioners have aimed to diminish the hypertrophy, or prevent its further progress; and for this end potent measures have been resorted to, viz.: copious bloodlettings and other

methods of depletion, low diet, and as much quietude as possible. So far from these objects of treatment being desirable, they conflict directly with conditions on which the comfort and safety of the patient depend. The practitioner should strive rather to maintain the hypertrophy, and to govern its increase in proportion to the increasing impediment to the circulation due to progressive valvular lesions. The existence of hypertrophy does not call for measures to lower the powers of the system and weaken the heart, but, on the contrary, the body should be well nourished, and the vigorous action of the ventricles promoted. Not only are depletory and debilitating measures uncalled for by the hypertrophy, but an opposite plan of treatment is indicated, viz.: a good diet, tonic remedies, and exercise, so far as it can be taken without a sense of discomfort. It is somewhat difficult at once to receive practical views diametrically at variance with those which have hitherto guided medical practice, under the sanction of high authority; but clinical observation, as well as sound pathology, shows the importance of hypertrophy as a conservative provision against the secondary and remote evils arising from valvular lesions."

These opinions are not altogether new, but we are of opinion their importance should be more extensively conceded and acted upon.

Dysentery.—In the *Semi-Monthly Medical News* for November 1st, Dr. W. L. Sutton, of Georgetown, Ky., has an able article upon the above subject. The article is but part of a *report* upon the Epidemics of Kentucky. In regard to treatment, we consider Dr. Sutton's remarks eminently judicious. We make but one quotation. "Opium occupies a larger space in the treatment of dysentery than any other remedy. It is used in various ways and different-sized doses. In many mild cases, it is sufficient to introduce opium into the rectum after each stool. This will frequently cure in twelve or twenty-four hours. In many severe cases, a dose of four or five grains of solid opium, given at the onset, will cut the disease short. In some recent cases of most excruciating sufferings, with very frequent dejections, I have seen a tea-spoonful of laudanum in two or three table-spoonsful of ice-water thrown into the rectum, act like a charm, in relieving present distress. To be sure, I have seen the first injection thrown out in a few moments; but a second, administered immediately, has rarely, if ever, failed to quiet the rectum. When the present suffering has been less severe, but the tenesmus considerable, a full dose of laudanum, say sixty to one hundred drops, with an ounce of epsom salt, is a very good prescription. The opium quiets the bowels for

ten or twelve hours, when the salt operates, bringing free liquid stools, without griping."

This has been essentially the plan we have pursued for several years past, and that which has given satisfactory results. We believe the intestines should be thoroughly evacuated occasionally in dysentery, and we know nothing better to accomplish this than epsom salts in solution, to which appropriate doses of elixir vitriol are added. We prefer to administer the salts in divided doses, just sufficient to secure about two fæcal evacuations daily. We are confident the salts and the acid have a healthful influence over the inflammation, aside from the cathartic action. Opium should be administered by the mouth and per rectum conjointly. The propriety of cathartics in dysentery is more generally admitted now than formerly; yet we are confident that many preferably use astringents.

Dr. L. P. Gebhard, of Philadelphia, makes use of the following formula as a cathartic in such cases:

"R.—Hydrarg. chlorid. mitis., gr. xij.
Pulv. aloes, gr. . . . . vj.
Pulv. rhei, gr. . . . . ij.

Made into pills. To be taken at one dose." (See *Medical and Surgical Reporter* for May 7th and 21st, 1859.) He says he has pursued this treatment for 24 years, with most decided success, and now no longer considers dysentery a formidable disease.

We trust it will not be considered inappropriate to refer here to the treatment of dysentery not long since proposed by E. S. Docker, Esq., Surgeon to the 2nd Battalion of the 7th Royal Fusiliers. He gives ipecacuanha in large doses, and reports 49 cures in 50 cases. He says: "I gave it in doses ranging from 10 to 90 grains; rarely less than 20 grains. The action of these large doses is certain, speedy, and complete; and truly surprising is sometimes their effect. In no single instance has failure attended this medicine, thus employed." . . "In all constitutions, robust as well as delicate, under all circumstances, the result is the same." . . "The evacuations, from being of the worst kind seen in dysentery, have not gradually, not by any degrees, however rapid, changed for the better; they have ceased at once, completely." (See *Braithwaite's Retrospect*, vol. xxviii., p. 86.) The stomach is made to retain these doses by giving a drachm of laudanum, and applying a sinapism over the stomach, half an hour before giving the ipecacuanha.

Treatment of Pneumonia.—In the *Savannah Journal of Medicine* for November, Prof. Juriah Harriss, one of its editors, has an interest-

ing article upon the above subject. Perhaps the most decided innovation in his plan of treatment is the early administration of quinia in full doses. He says: "Quinine, in large doses, is a diaphoretic as well as an anti-periodic; a nervous sedative as well as arterial; producing a gentle perspiration and moisture of the skin. In the first stage of pneumonia it relieves the congestion of the lungs, as it does general visceral congestion in congestive fevers. It equalizes the circulation by its sedative effect upon the nervous system. With this view of its action, we prefer it to venesection in the treatment of pneumonia, as met with in malarial districts." Dr. Harriss speaks highly of blisters in pneumonia; also of expectorants. As an expectorant he prefers the following:

"R.—Pulv. ipecac.,
" squills, ää., 2 grs.
Every two hours, in syrup, gum-water, or flaxseed tea."

Summing up, he says: "If the case is seen a few hours after the attack, I frequently administer an emetic of ipecac, particularly if the attack comes on soon after a meal; next I direct a blister to be applied, as before specified, keeping it open, or allowing it to heal, according to circumstances. I, at the same time, direct quinine, xx. grs., in four powders, one every hour, or two hours, as the case may be. When this has been taken, the expectorant powders are administered. If a remission occurs the next day the quinine is repeated, and so on for several days. The expectorant powders continued during the intervals, or during the exacerbation." In malarious regions of the South and West, many physicians might be willing to concede the propriety of this treatment. We are, however, of opinion that in non-malarious regions the majority of physicians prefer the bloodletting, antimony, and calomel treatment. We are confident that an improvement can be made in the old plan of treating pneumonia, whether in malarious regions or not. In the field of observation and practice which we have occupied for the last four years, a case of intermittent fever has never been known to occur; and yet, in a large majority of cases, we have found quinine by far the more preferable treatment in pneumonia. At the time we first brought quinine to bear in the early treatment of pneumonia, we supposed we were acting without authority; but, subsequently, we have learned that our plan of treatment had been anticipated. In the *Lancet and Observer*, for October, 1858, we published an article on the treatment of pneumonia with quinine, in which allusion was made to thirty cases thus treated, during the preceding winter and spring. In these cases, of all ages from a few

months to 86 years, that article says: "All had sulphate of quinine, and, in every instance, with the effect of lessening the frequency of the pulse, promoting perspiration, and loosening the cough;" not a single case proved fatal, and two only protracted beyond the tenth day. We administered quinine in from two to four grain doses to an adult, in combination with from 5 to 8 grains of Dover's powder, every four hours, without interruption. Conjointly with this, we used blisters to the chest, and administered expectorants. Of the expectorants we preferred ipecacuanha, bloodroot, and senega, alone or combined, and with or without brandy or opium, as the case seemed to require. Since our article, to which we have referred, was published, we have received an essay, by Dr. T. J. Cogley, of Madison, Ind., published in 1857, in which the following language occurs: "I would, if I saw my patient *early*, provided the indications were decided, bleed; and I might, if there were much pain and tenderness in the side, cup or leech; and it would doubtless be proper to evacuate, by mild means, the bowels; but I would always, either with or without prescribing these means, according to circumstances, *give quinine* and capsicum, from three to five grains of each, every three hours, at whatever period of the disease."

It is not our opinion that the early administration of quinine is suited to all cases of pneumonia, but it is well for the young practitioner to know that bloodletting and antimony are not the extent of our medical resources in such cases.

Delirium Tremens.—In the *Clinical Report of the Savannah Hospital*, as reported by Prof. Harriss, and published in the above-mentioned journal, the reporter says: "The cases of delirium tremens were treated with *cannabis indica*, in six or eight grains of the extract, every two or three hours." He says: "The result was very satisfactory. From observation in private practice, I am satisfied that the tincture is preferable to the extract. The latter is difficult to dissolve, and a longer time is required to place the patient under its influence. The tincture takes effect rapidly; one tea-spoonful contains over four grains of the hemp. In this form I prescribe one tea-spoonful every two hours, until sleep is induced. I am convinced that it is the best treatment in this disease; far better and safer than chloroform, and preferable to opiates and brandy, or the cold douche. My friend Dr. J. E. Godfrey, of Savannah, was the first to use the remedy in this affliction."

In the treatment of *dysentery*, Prof. Harriss prefers epsom salts to any other cathartic. In *remittent fever*, he says, five grains of calomel, with twice as much quinine, "will purge the patient as much as double the quantity of calomel given alone," and with better effect.

Vesico-Vaginal Fistula.—In the *Chicago Medical Journal*, for Nov., Prof. Brainard, in his surgical notes, reports an operation for the above affliction, which, in its results, was entirely successful. Prof. Brainard says: "The operation was performed in the manner used at present. We have been in the habit of using the lead wire for patients long before Dr. Sims performed his operation, and as it always succeeded in favorable cases, we were not disposed to abandon it."

Treatment of Peritonitis.—In the *New Orleans Medical News and Hospital Gazette*, Prof. Austin Flint reports a case of peritonitis, successfully treated with opium and enemas, in which the bowels were allowed to remain unmoved for eleven days. From his remarks we make the following extract: "Prof. Clark has rendered a great service to practical medicine, and to humanity, by establishing the merits of this method of treating acute peritonitis. If pursued judiciously and boldly, a large proportion of the cases which, judged by former experience, would have otherwise ended fatally, are brought to a favorable termination. The greater success in the management, however, it must be confessed, may be in part owing to the discontinuance of measures which were injurious. In this light we must regard bloodletting and cathartics. As regards bloodletting, a fair and ready way of placing before the mind its theoretical applicability to the treatment of peritonitis, is to consider the extent of surface inflamed in this disease, and the loss of blood-constituents involved in the exuded products of inflammation. The condition of a patient attacked with peritonitis is not unlike that of a person after a scald or burn, extending over a large portion of the external surface of the body. The symptoms are analogous in the two cases, and death in both occurs by asthenia. Bloodletting is as appropriate in the one case as in the other. Of cathartics, it is only necessary to say that they conflict with the first and great indication in the treatment of all inflammations, viz.: to maintain, as far as possible, repose of the parts inflamed. The value of opiates in cases of peritonitis consist, in fact, of the arrest of the peristaltic movements of the intestines. These remedies have held so prominent a place in therapeutics for the last half century, that it requires some moral courage on the part of the practitioner to permit the bowels to remain constipated for a fortnight or longer, and to resist the importunities of patient and friends for opening medicine."

The above opinions are so in accordance with those we have long since held, and several times advocated in print, that we quote them

with pleasure. The advice of Prof. Wood, in his work on Practice, and that of Prof. Dickson, in his Elements, is not in accordance with our views of the proper treatment of peritonitis. We have lost but two cases of this disease in eleven years, and both those occurred early in our experience, in both of which, contrary to our better judgment, counsel prevailed upon us to give cathartics. We cannot help thinking that a great and favorable change would be made in the mortality of this disease, were cathartics to be entirely ignored in the treatment of the great majority of cases.

Strychnia in Dyspepsia.—In the *Medical and Surgical Reporter*, for November 12th, we reported a case of dyspepsia, cured with strychnine. We see no impropriety in giving the substance of the case, which to us was one of interest. "Mr. K., aged 40 years, had been ailing for about two years; was now considerably emaciated; his skin dry, and sallow; his tongue furred, and bowels costive. He was greatly discouraged, irritable in temper, melancholy, and desponding; his appetite was capricious; his sleep disturbed, irregular, and unrefreshing. He had been under treatment most of the time since his illness commenced. Regulars, homœopaths, eclectics, and all the traveling physicians that had perambulated the country in the time, had all had an opportunity to try their skill upon him."

After more than three weeks of treatment, that accomplished but little, we put him upon strychnine, in one-sixteenth of a grain dose, three times a day. "At the end of a week, the patient said he felt better than he had done in a year, and was satisfied the last prescription was exactly what he needed—we had not informed him of its nature. The bowels were regular, and the mind cheerful and hopeful. We have several times observed this mental change under the administration of strychnia. The treatment was continued about four weeks longer, when the patient was discharged, cured. He is now in good health and flesh, and is daily employed in active farm labor."

Similar, in one or two points, to the above case is another, which we have now under treatment. The patient is a female, aged 47 years, and has been troubled with costiveness for twelve years. She is quite thin, and looks like one addicted to the use of opium, but is free from that habit. She has been taking strychnia for two weeks, and to-day informs us that she has derived more benefit from this prescription than from anything else she has ever taken. Her bowels are now quite regular, though she has not taken any laxative medicine since she commenced the use of the strychnia. We have several times

previously derived the happiest effects from strychnine in certain forms of costiveness.

Tuberculosis.—An interesting discussion upon this subject was had before the Philadelphia County Medical Society, and reported in the *Medical and Surgical Reporter*, for November 12th. We do not propose to give a synopsis of this discussion, but simply quote a remark from Dr. Condie. "Tuberculosis is found to be confined to no age, sex, or condition in life; and to pervade alike all countries, under every variety of climate. By recent statistics it has been shown, however, that one form of tubercular disease—that of the lungs—is of much more rare occurrence in a *cold, dry, equable climate*, than in any other; that consumption is scarcely known among the permanent inhabitants of such climate, while even those strongly predisposed to the disease are said to have their predisposition eradicated by a residence within it." These are well-known facts; and yet, we think, not sufficiently appreciated. Physicians continue to send their consumptive patients to tropical climates, as though they supposed the warm air of the South was impregnated with healing balsams. We have been somewhat observing, and must confess we never saw a patient, who was really suffering under pulmonary tuberculosis, that returned improved from a sojourn in a tropical climate. So far as we have observed, all have died there, or returned worse than they went. That tubercular diseases have their origin in a deficiency of vital force or nerve-energy, and a weakened digestive and assimilative force, we have no doubt. The Materia Medica has no tonic or stimulant for either equal to the cool, dry climate of the North. Under the influence of such a climate a man feels imbued with new energies; he feels a desire for hearty food, and a capacity to digest it before unknown. Many facts could be cited in support of these opinions; but we refer only to the last that has fallen under our observation. Prof. E. D. Fenner, of New Orleans, has, during the past summer, traveled 7,500 miles in search of health—has visited all the fashionable places of resort for invalids and pleasure-seekers. In the region of St. Paul, in latitude 75°, he found that for which he was in search. He says: "Description can impart no idea of the happy sensations of the invalid, who breathes the cool and bracing air which comes across those vast prairies from the Rocky Mountains." After describing the accommodations and the health and pleasure imparting resources for the invalid, he says: "Such is the life for the invalid who has strength sufficient to pursue it, and in Minnesota we have, day after day, lived on the prairies and the lakes without ever feeling a disagreeable sun's ray, or

experiencing the sensation of fatigue. We have caught as many fish, and killed as much game in the South, but never without being tired out, whilst there we have felt every evening sorry that the day was not longer. The rudest bed has always found us ready to sleep, but we never laid our *weary* limbs at length." (See *New Orleans Medical News and Hospital Gazette*, for November, 1859.) Dr. Hayes, who accompanied Dr. Kane in his Arctic Expedition, said he had never seen a case of tubercular disease among the natives, and this is doubtless due to the great consumption of fatty food. If he had a consumptive patient, he would send him to Greenland, if possible, and put him upon train-oil diet, with a dog-sledge and a bear-hunt for exercise. (See *Transactions of Ohio State Medical Society*, for 1857.) Where the patient is able, and, what is of equal consequence, willing to take exercise in the open air, we would say, most emphatically, send him North instead of South.

In the *Medical and Surgical Reporter*, for Nov. 19th, the report of the interesting discussion, above referred to, is continued. Dr. Condie objects to active exercise for consumptives, to a diet of fat meats, broths, &c., and to stimulating drinks. He could not report favorably of cod-liver oil, or the hypophosphites. Dr. Condie spoke at considerable length; but his remarks were objective, and not recommendatory. Dr. Bell thought differently of exercise, and his remarks on the influence of elevation were exceedingly interesting, and worthy of quotation here, at least in part. "But a few years ago the living on a mountain elevation, the air of which is cold and rarefied, would have been thought a very rash step for a consumptive invalid, especially if he had suffered from spitting of blood. We had forgotten, however, the fact that the monks of the Great St. Bernard never have tuberculosis; and we had to learn that the inhabitants of the mountains of Hartz, Thuringia, and the Black Forest, living at the height of from 5,000 to 6,500 feet above the level of the sea, enjoy a similar immunity. In South America, consumption is not mentioned among the diseases of St. Louis de Potosi. Dr. Tschudi, after five years' residence in Peru, and Dr. Smith, after nine years, agree in saying that this disease, which is quite common on the sea-coast, diminishes in frequency and becomes of rare occurrence as the height of the country increases, or from 5,400 to 10,000 feet above the ocean. Dr. Nichols, during ten years' practice in Paz, a city with 40,000 inhabitants, and at an elevation of 12,000 feet, did not see a single consumptive patient. It is almost unknown at Quito, placed under the equator, but at a height of nearly 9,000 feet. Humboldt had

written, now several years since, that the City of Mexico, at an elevation of 7,300 feet, was nearly exempt from the disease." The above facts form collateral support to our convictions, that a cold temperature is better for the consumptive than a warm one. We, however, incline to the opinion that the proper temperature can better be attained by *latitude* than by *elevation*. We cannot agree with Dr. Condie in regard to exercise. In our experience, where the patient has been too indolent to be aroused to activity, and that out of doors, we have predicted death within a year, and experience has usually confirmed the prognosis. In our experience, patients in consumption have invariably improved under active out-door exercise, whenever the patient had sufficient strength to make such a recommendation judicious. Bearing upon this point, we would say that in eleven years of observation we have not seen an actual farm laborer, one who had been such for many years, die of consumption.

Hypodermic Injection.—In the *Boston Medical and Surgical Journal* for November 10th, Dr. Robert White has an article upon the above subject, with an illustrative case. Dr. White is extremely sanguine in regard to the future applicability of this method of medication. Thus he says: "I am sanguine enough to believe and to predict that it will produce as great a revolution in the healing art, as the electric telegraph has done in the slow-coach system of our ancestors."

Dr. White reports a case of delirium tremens, which the usual means failed to quiet. He, the patient, had slept none for five days. Dr. White says: "I desired his family physician to procure a small glass syringe and a little morphia, which he immediately did. When he returned he administered the punch to the patient, which was slowly but eagerly swallowed. In the mean time I dissolved a grain of the morphia (muriate) in about half a tea-spoonful of cold water, then made a puncture with a lancet into the cellular tissue of the left arm, and injected as much of the solution as I could with my very imperfect apparatus." The patient soon slept soundly for two hours and a half. Later he became violent, and the operation was repeated, after which he slept soundly for several hours. "He continued to improve rapidly, and in three days he was up and dressed, arranging his affairs."

Prof. A. B. Palmer, M.D., of Detroit, in his correspondence for the *Peninsular and Independent*, for November, says of Dr. Budd, successor of Dr. Watson, of London: "Sciatica, and other forms of neuralgia, he was treating by injecting into the tissues, over the painful part, with a fine sharp syringe made for the purpose, a solution of

muriate of morphine, a fourth of a grain in about one-half drachm of water being the ordinary quantity used. It usually produced a speedy, general, as well as local effect, relieving the pain. In Paris they are injecting in a similar manner, and for similar purposes, solutions of salts of atropia."

In our last *Monthly Summary* we gave a synopsis of Dr. H. R. Storer's experience in submucous injections in the toothache of pregnancy. In the *British Medical Journal*, for January 8th, 1859, Dr. C. Hunter, House-Surgeon to St. George's Hospital, reports his experience with hypodermic injections in *sciatica, delirium tremens, tetanus, mania, gout*, and *chorea*. In the *Medical Times and Gazette*, for March 5th and April 16th, 1859, he details further experience with this remedial means, in wakefulness, with excitement, in tetanus, in sciatica, tic douloureux, &c. From the last-named paper we make the following extract: "In such cases as tic douloureux, sciatica, and constant or occasional pains of their nerves, a cure may follow a single injection; or if not, more or less benefit will in all probability be effected. I have had no case in which some benefit was not produced." In severe pains, of a purely nervous character, we have high hopes of this plan of treatment, and surely shall, on suitable occasions, put it to the test.

Fracture of the Neck of the Scapula.—In the *Southern Medical and Surgical Journal*, for November, Prof. L. A. Dugas, M.D., reports a case of the above-mentioned injury, with the intent of showing that sudden paralysis, induced by this accident, is a usual symptom. In the same Journal, for June, 1857, he has an article upon the same subject, in which two cases were reported, all tending to establish the same fact. Prof. Dugas says: "This peculiarity has hitherto passed unnoticed, at least by systematic writers, in fractures of the neck of the scapula. As this sudden paralysis occurred in the three cases I have seen, should it not be taken into consideration in establishing the diagnosis of injuries of the shoulder?" As injuries of the shoulder-joint are often so obscure that even experienced surgeons are sometimes in doubt in their special diagnosis, anything in regard to the symptoms of special injuries in this region becomes of interest.

Stomatitis of Nursing Women.—In the *St. Joseph Journal of Medicine and Surgery*, for November, Dr. O. B. Knode has an article upon chlorate of potassa, in which he uses the following language in regard to its use in the above-mentioned disease: "In the treatment of this heretofore almost intractable and distressing disease, which is so frequently met in the Western States, we have in the chlorate of

potash almost as sure a specific as we have in quinine in malarious fever, administered alone or in alternation with the vegetable tonics, as quinia, gentian, colombo, &c.; or in other cases where there is great sponginess and bleeding of the gums, and mild astringents and tonics seem to be indicated, with the mineral acids, the disease speedily begins to yield to its magic influence. In a week or two I have seen the worst cases entirely recover, and the poor woman regain her wonted good health. In this affection it should be given in pretty large doses, and a favorite mode of prescribing it is the following:

R.—Potassæ chlorat., 4 drachms.
Aquæ cinnamomi, 4 ounces.

To be well rubbed up in a mortar, so that its complete dissolution may be effected. If simply put together without this precaution, a portion of the salt remains at the bottom of the bottle undissolved. Of this mixture I order a dessert spoonful, to be given morning, noon, evening, and at bedtime. If it be desirable to give a tonic at the same time, the one selected can be given intermediately, twice or three times a day."

Gonorrhœa Treated with Indian Hemp.—In the *Oglethorpe Medical and Surgical Journal*, for November, Dr. M. D. Mooney, of Georgia, reports his experience in the treatment of gonorrhœa with the extract of the Indian Cannabis. He says: "I used the following prescription in four cases of gonorrhœa, and was successful in every case, in from five to seven days:

R.—Sugar of Milk, 3ss.
Ext. Indian Cannabis, 20 grains.

Mix well together and divide into 60 powders, one to be taken every three or four hours. This prescription, I am persuaded, will relieve the most obstinate cases in a short time."

Persistent Uterine Hæmorrhage.—In the *New York Medical Press*, for November 19th, as per report of Dr. G. T. Elliot's obstetric clinic, Dr. Elliot has a few very appropriate remarks on persistent uterine hæmorrhage, occurring after miscarriage. In the case under consideration, more or less hæmorrhage had occurred daily for several months. Dr. Elliot says: "Build her up, prevent a distended rectum from obstructing pelvic venous return, and give her such mineral acids and astringents as will co-operate therewith; add thereto such position and habits as naturally suggest themselves; but carry within that cervix an ointment of nitrate of silver, in such strength and at such intervals as tact and experience and the varying conditions of

the patient allow. It is such adaptation of this treatment that the skillful and experienced man so distances the unskillful." . . "The strength of the ointment is a matter of extemporaneous prescription. I have patients now under treatment in whom the strength varies from two grains to the ounce to the use of the solid stick. I prefer ointments to injections; and I use as a vehicle the stramonium ointment from a reliable druggist, preferring it much to belladonna. So in some cases do I introduce it just within the os, and in others to the fundus. Sometimes the injection succeeds where the other mode fails, but rarely. I have got to learn that ointments kill; injections certainly have." . . "I would begin in this case with an ointment of ten grains of the nitrate of silver to one drachm of the stramonium ointment."

Chlorate of Potash as a Toxic Agent.—In the same No. of the *Medical Press*, as above referred to, Dr. E. J. Fountain, of Davenport, Iowa, has a few remarks upon the above subject. It was said in a recent No. of the *Medical and Surgical Reporter*, that "Mr. Osborn, in an article in the *Lancet*, cautions the profession in the use of the chlorate of potash. He has seen congestion of the brain and convulsions follow its use in children." In experimenting on himself, he says, he felt symptoms of congestion of the brain, with slight paralysis of one side of the face, on taking xv. grains of the medicine. To this Dr. Fountain opposes his own experience. He says he has often administered the chlorate of potash in drachm doses, three times a day, for many days, and even weeks together, without observing any of the above-mentioned effects. He says further, "After reading the article from the *Medical and Surgical Reporter*, I called at a drug-store and had weighed out for me half an ounce of chlorate of potash, the *whole of which* I took at *one dose* the same evening. I was in perfect health at the time, and took it simply as an experiment. This was last evening. Shortly after taking it I was called out to attend a case of labor, which occupied me most of the night. I felt no inconvenience from the dose, only a warm glow pervaded the surface of my body in about half an hour from the time it was taken. This morning I feel as well as usual, only having a slight headache, such as I usually have after being disturbed of my rest. It has not even produced any laxative effect, and certainly no manifestatien of any toxical properties." An article of such manifest utility, and of such diversified adaptations as is the chlorate of potash, should not be brought into discredit, without good and well-established cause. We look upon Dr. Fountain's experiment as exceedingly interesting and well timed. We have used

the above-mentioned article largely, and must confess have never observed any toxical effects.

Disappearance of an Abdominal Tumor under Treatment.—In the *Boston Medical and Surgical Journal*, for Nov. 17th, Dr. Walter Channing reports a case of sudden disappearance of an abdominal tumor under treatment. Dr. Channing has more faith in medicine, in such cases, than the profession generally, though from his remarks, we should suppose his faith in medicine in ordinary diseases to be below par. In regard to tumors, he says, "No matter what may be the size of such tumors—whether of a fist or a bushel measure, I would labor faithfully to promote their removal, and by means which would not disturb existing general health. I believe we have such means. They have been tried, and my purpose is, as opportunity occurs, to try them again." In the case reported, the patient was a married woman, aged 32 years. "Examination discovered a large, solid tumor, extending from the umbilicus to the symphysis, broadly occupying the corresponding lateral regions of the abdomen, making the central protrusion less than might have been looked for." The treatment brought to bear upon the case was "tinc. iodine to abdomen over the tumor, once daily. Aqua calcis muriat., thrice a day. My compound belladonna ointment to pelvic extension of the tumor, *per vaginam*, once a day." At the end of a month the tumor had wholly disappeared, and the patient was discharged. Of the case Dr. Channing says, "In Mrs. ——'s case, local and constitutional symptoms attended the rapid increase of size. Among these were declining flesh, strength, health, embarrassment on motion, dysuria, and very painful disturbances of the abdominal viscera. After treatment the abdominal tumor rapidly diminished in size, and the general and local symptoms gave way as this important change proceeded."

This case is somewhat remarkable in its results. We have repeatedly treated ovarian tumors thoroughly and persistently, and were never conscious of diminishing the size of such tumors. We are, unfortunately, not alone in this result. Were Dr. Channing a less accurate and painstaking observer, we should think he had encountered a *phantom tumor*. Such an inference would derive circumstantial support from the fact that the patient was in feeble health, of sedentary habits, engaged in labor that involved much fatigue, anxiety, and night-watching, and also suffering from *severe dysmenorrhœa* and *dysuria*. Additional support would be derived from the fact that the tumor was not of slow growth, but of sudden appearance.

Ballottement not a sure Sign of Pregnancy.—In the same No. of

the *Boston Medical and Surgical Journal* just referred to, Dr. Storer reports a case of abdominal tumor simulating pregnancy. The patient was aged 36. "The abdomen was much enlarged, more so than is commonly the case at the fifth month." She was supposed to be pregnant by the family, and a physician was consulted, because she seemed to be sinking from exhaustion. On examination, Dr. Storer says, "ballottement was produced as perfectly as I ever felt it." Drs. Borland and J. Mason Warren agreed with Dr. Storer, that she was pregnant, and that premature delivery was the appropriate treatment. The case proved to be one of disease of both ovaries, complicated with ascites. The case is of interest, and decidedly unique. It "proves incontestably that ballottement, as perfect as in pregnancy, *may exist* when the uterus is empty and a solid body floats freely in ascites."

A Remarkable Case of Ascites.—In the *Medical and Surgical Reporter*, for Nov. 19th, Dr. S. M. King, of Monongahela City, reports a very remarkable case of ascites. In the last five years, Dr. King has tapped his patient many times, more than fifty, but the exact number of times not stated. The amount of water drawn off falls but a few ounces short of 629 gallons—twenty-one and a half barrels! The Dr. says his patient "is in the enjoyment of tolerably good health, and should nothing unusual occur, bids fair to live for years yet."

Inhalation in Diseases of the Trachea.—In the *Boston Medical and Surgical Journal*, for Nov. 24th, Dr. E. J. Coxe, of New Orleans, reports a case of chronic inflammation of the trachea cured by the inhalation of a solution of the iodide of iron in laudanum, after a failure of the usual remedies. We regret that Dr. Coxe did not give the strength of the solution and the frequency of the inhalation. The author once suffered from some throat difficulty, the exact nature of which is not specified. We make one quotation, as it gives his views of inhalation and the above-mentioned agent in particular. "A few remarks in reference to the high opinion I entertain of medical inhalation may not be out of place. In 1827, I was forced to direct my attention to this subject, and since that time I have not ceased to employ it in private and hospital practice, with unquestionable advantage. It would indeed be strange were it not very highly appreciated, when I reflect on the fact that 'it alone' effected a perfect cure in my own case, after having enjoyed the advice of the first medical men in the United States and France, after having used many hundred leeches to the throat, after being cupped at least one hundred times,

suffered from blisters and tartar-emetic ointment to a great extent, and had in the throat and breast five setons, worn through a space of almost two years, without more than keeping the disease at bay. It required, however, no little resolution, with the constant use of the inhaler for many years, as well as a great variety and large quantity of the most active medicines, before perfect health was obtained."

Quinine in Pneumonia.—When we commenced giving quinine in the first stage of pneumonia, in the winter of 1857 and '58, we were not aware that we had precedent for such treatment, excepting when modified by malarious influence. Since that we have learned that we were anticipated, by many years, in this plan of treatment, by more than one writer and practitioner. In the *Medical Journal of North Carolina*, for October, Dr. S. A. Cartwright, of New Orleans, says that he recommended quinine in pneumonia in a paper published in the April No. of the *Medical Recorder*, for 1826. About the same time, he says, his *protégé*, Dr. Perrine, recommended the same treatment in Dr. Chapman's Journal. Of Dr. Perrine, he says, "Dr. James A. McPheeters and myself indoctrinated him into the mysteries of treating fevers and *pneumonia* with quinine. He settled in the country about twelve miles from Natchez, where the quinine practice in his hands was so successful, that Dr. James Metcalf, in the same neighborhood, was compelled, in self-defence, to adopt it to retain his business. Dr. James Metcalf had a brother, a student of medicine, in Paris at the time, to whom he communicated the wonderful virtues of the sulphate of quinine in six-grain doses during the paroxysm of certain fevers, attended with very frequent pulse and great determination of blood to the head, and also as very valuable in *Pneumonia Biliosa*. It was through that brother, Dr. Volney Metcalf, that the French were induced to try the article in large doses. It was more than ten years after the introduction of the quinine practice in certain forms of remittent fever and *pneumonia*, before the physicians of New Orleans, or anywhere else, adopted the practice, with the exception of Dr. Thomas Fearn, of Huntsville, Ala., who began its use in 1833 or 1834. For a number of years the quinine practice was confined almost entirely to Drs. McPheeters, Perrine, Metcalf and myself, and a few young men who learned the practice from us, and adopted it in order to succeed in business." Dr. Cartwright's statement, that the quinine is borne better when combined with opium, corresponds exactly with our own experience.

Diphtheria.—In the *Virginia Medical Journal*, for October, Dr. G. W. Claiborne, of Petersburg, Va., reports two cases of diphtheria,

and makes a few remarks upon the general treatment. At the present time anything concerning the treatment of this disease, which, in many localities, has proved so unmanageable, is of the first importance. Dr. Claiborne says he has treated eight cases in the last few months, with but two deaths. He says, "I believe it clearly apparent from these, that the tonic treatment, preceded by a few doses of mercury where a foul tongue and offensive breath indicate disordered secretions of the primæ viæ, is that which promises the best success; and of tonics, quinine, in doses adapted to the age and condition of the patient, with a mineral acid and a little lemon syrup, the most desirable. Brandy, or some one of the tinctures, in the latter stages may be quite necessary. Chlorate of potass. and muriated tincture of iron were used in most of the cases, alone and combined, and with, I think, some good effect.

"As to the local treatment, *in the beginning* of the disease, I believe no local application could properly supersede nitrate of silver, in solution, ten to thirty grains to the ounce. After a few days, however, when the fauces had become so exceedingly sensitive as to give great pain, I used with equal success a wash of borax, honey and myrrh."

Ununited Fracture Treated by the Drill.—In the *New York Journal of Medicine*, for November, is a case of ununited fracture of the bones of the leg, reported by Dr. Enos, of New York. The patient was a female, aged about thirty-five years, and of intemperate habits. As the bones were found ununited, after the removal of the usual dressings, means were immediately resorted to for the accomplishment of the desired result. Friction of the ends of the bones against each other and the cold douche were used, needles were introduced, and a current of galvanism passed through them, but *without effect.*" Later, he "bored through the ends of the fractured parts in several directions by means of a drill, as recommended by Dr. Brainard, of Chicago. The patient was benefited by the first operation, which was repeated about two weeks afterwards, and it will probably suffice to effect a cure."

Anti-Lactescent Properties of Compressed Sponge.—In the *New York Journal of Medicine*, for Nov., Dr. P. Stewart has an article upon the above subject. He reports the case of a lady that had given birth to four children; after each accouchement, her left breast had inflamed and suppurated. She had never been able to procure milk from it, and she dreaded the breast difficulty far more than the accouchement. At her fifth confinement, Dr. Stewart says, "I directed a piece of circular sponge, of the diameter of the breast, an inch or more in thick-

ness, freed from all foreign substances, and subjected to a pressure of from 15 to 20 lbs. for four or five days. The day after her confinement, before the milk secretions began, I applied this sponge to the gland, making a hole in its centre with my finger, to receive the nipple, and by an appropriate bandage, made nearly equal pressure over the entire breast. The result was, when the secretion of milk occurred in the other breast, none whatever occurred in the one subject to the pressure." It is to be hoped that, in future, mammary abscesses will be of unfrequent occurrence. The result in the above case was quite satisfactory. We have derived results quite as satisfactory as the above from the local application of belladonna. Only last week we attended at a labor which was one of face presentation, and the child was born dead; we attended also a case of miscarriage at three months, about the same time; in both cases we used Tilden & Co's fluid extract of belladonna locally to the breasts, and no milk was secreted. Last evening a gentleman, whose wife was confined three days before, called for a breast-pump, as his wife's breasts were extremely hard and painful; we sent belladonna, and this evening there is no complaint. From our experience with this article for the last two years, we are disposed to think mammary abscesses may be avoided in a great majority of cases, where this remedy is put to the test early.

Sulphate of Iron in Varicose Veins.—Before the Kings County Medical Society, as reported and published in the November No. of the *New York Journal of Medicine*, Dr. Enos reported a case of varicose veins successfully treated by injecting *persulphate of iron*. He is of opinion that this is the first time persulphate of iron has been used for this operation, and he thinks it will prove a better preparation, because of its less irritation than the perchloride.

Treatment of Typhoid Fever.—In the *New Orleans Medical and Surgical Journal*, for Nov., Dr. J. R. Smith, of Elyton, Alabama, has an interesting article on typhoid fever and its treatment. Dr. Smith favors the use of large doses of quinine, in the early stages of this fever, but the object of the paper is to recommend opium and astringents in the later stages. The Dr's views of laxatives so exactly correspond with our own that we are disposed to give a synopsis of his paper. In the spring of 1858, he treated 50 cases of what he calls *pure typhoid fever*. He says, "Of the fifty cases occurring before the 20th of June, 36 were seen and prescribed for from the second to the eighth day of their sickness; 14 were not seen until after the eighth, and some as late as the fifteenth day of sickness. Of the 36 prescribed for before the eighth day, 18 were cut short by large (fifteen to thirty grains)

doses of quinine; 16 cases ran from fourteen to fifteen days, and recovered, and two died—one from a relapse, and one after a fair trial of the quinine. Of the 14 cases seen after the fourteenth day, 12 recovered and two died. Of the 12 recoveries, we *succeeded* in keeping the *bowels closed* from four to ten days. Of the two fatal cases, the bowels continued to be relaxed, notwithstanding the persevering use of all the remedies in such cases, until death closed the scene."

Dr. Smith considers the abortive treatment adapted only to the early stage of the disease. He seldom gives more than two large doses of quinine, at an interval of three hours, and he prefers to give it in connection with opium and spirits of nitre. But we now come to the later stages. Dr. Smith says, "Picture to yourself a case of hot, dry skin; flushed cheeks, parched, fiery-red tongue; subsultus tendinum; a hard, rigid state of the abdomen, with occasional borborygmus, the diarrhœa six to eight times a day, and probably twice as often during the night, the discharges being thin, watery and muddy, with occasional streaks of blood; low, muttering delirium; picking at the bedclothes, or at imaginary objects in the air; thirst intolerable; pulse ranging, owing to the time of day, from 120 to 140 beats per minute." In such cases he thinks the salvation of the patient depends upon the quietude of the bowels. He says, "We have again and again kept the bowels closed as long as ten days, and the patient improved in all his symptoms during the time; the fact is, we have never lost a patient whose bowels were closed and so maintained *in pure non-complicated typhoid fever*." "In accomplishing this very desirable object, our sheet-anchor is opium and tannic acid, and these we give for this purpose, regardless of quantity; if we give the articles in their solid state, we prefer making them into pills, one grain of opium, with four of tannin, giving at every other operation of the bowels. A better form is to saturate the tinc. opii. with tannic acid, giving from forty to sixty drops at a dose, repeated in proportion to the frequency of the discharge." In addition to this, he gives veratrum viride and oil of turpentine, as the indications seem to demand. "For a common drink, nothing answers so well as a weak solution of chloride of soda; in fact, we consider this as an important adjuvant in the treatment of typhoid fever."

In our notice of Dr. Reeve's work on typhoid fever, in the MONTHLY, for September last, our readers may remember we entered our decided protest against the use of cathartics, so highly recommended by that author. When the discharges from the bowels are of a thin, muddy appearance, our observation has taught us that the oftener the move-

ments the higher the fever, and the greater the prostration. In that same notice, we said of opium, that we believe it to be, all in all, second to no other agent in enteric fever.

Diphtheria.—In the *New Orleans Medical and Surgical Journal*, for Nov., Dr. S. A. Cartwright has a lengthy article upon *Malum Egyptiacum*, which he considers synonymous with the present diphtheria. We cannot give a synopsis of the paper, but we take this occasion to refer to one remark which he makes in regard to treatment. Of local means, he says he is "well satisfied with a tincture made by infusing for several days, in diluted alcohol, one pint; finely powdered hydrastis root, (or the sariette of the French,) and the powdered bark of the root of the myrica cerifera, of each one ounce; three ounces of gum myrrh, and two drachms of capsicum. A piece of cotton or wool, (the former the best,) fastened to a probang, saturated in the above tincture, is the best thing I have ever found to swab the throat with." About his general treatment there is nothing peculiar, excepting, perhaps, that capsicum is one of the more important agents. Upon the subject of diphtheria we have had frequent occasion for remark. It may not be inappropriate to say, that W. H. Ranking, (see Ranking's Abstract, No. 29,) and Dr. T. H. Smith, (see *British Med. Journal*, for 1859,) speak in high terms of the *muriated tincture of iron*, as an internal remedy in diphtheria.

Vesico-Vaginal Fistula.—In the *New Orleans Medical and Surgical Journal*, for Nov., Prof. T. G. Richardson reports two cases of vesico-vaginal fistula, cured by operation. He says, "I am happy to be able to add my humble testimony to the value of the procedure devised by Dr. Bozeman." In the first case, there were two fistulas, and three operations were required to effect a cure. In the second case, "the opening was quadrangular in shape, oblique in its direction, and measured at least *an inch and a quarter in its longest* diameter." The result of the operation was entirely successful in this case.

Face Presentation.—In the *Medical and Surgical Reporter*, for Nov. 26th, Dr. W. G. Meachem, of Warsaw, N. Y., reports at length a case of face presentation, in which "the usual anterior rotation failed to be accomplished, and the chin traversed the sacral venter, and emerged at the posterior vulvar fourchette. Notwithstanding the unfrequent and unfavorable mechanism, the delivery was terminated without prejudice to the infant or the mother."

Last week it was our fortune to attend a lady, aged 35 years, in her *first* labor, in which case the face presented. When we first saw the patient, she had been in labor eight hours, the membranes had ruptured,

the forehead rested on the sacrum, and the chin was pressed hard against the pubis. With two fingers of the left hand high up in the rectum, we pressed *down* upon the occiput, while, with two fingers of the right hand, we pressed *up* on the chin. Failing to rectify the malposition after thorough effort, we desisted and left the case for two hours to the efforts of nature. Making but little or no progress, we now gave ergot, and with two fingers on the occiput of the child, as before, reaching that point per rectum, and with one finger in the mouth, we pulled the chin down and under the arch of the pubis. With a few severe pains, the top of the head swept the perineum, and the child, weighing nine pounds, was born dead. The mother recovered without accident.

Inversion of the Uterus.—In a lecture upon this subject, published in the *Medical Press*, for Nov. 26th, Prof. Bedford has the following, in regard to treatment: "All things being equal, it is, in my judgment, far more desirable to attempt to replace the inverted uterus, whilst the placenta is still in connection with it; under such circumstances, the pressure is not made directly against the womb itself—which must necessarily expose it to more or less injury—but the pressure, you perceive, is directed against the intervening object—the placenta. After the reduction has been accomplished, the hand is not to be suddenly withdrawn from the uterus, but on the contrary, it should be continued within the cavity, until the organ, through its contractions, forcibly expels it; this will be the best safeguard against the recurrence of the inversion."

Apologetic.—In the *New York Monthly Review*, &c., for December, Dr. Edmonds, of Buffalo, complains that we misquoted him, in our *Summary* for October On reference to his and our respective papers, we find that his complaint is just. Three words only were quoted, and that *correctly*, but the *application* was erroneous. We regret this, as we never intentionally misquoted or misrepresented the opinions of any man. In the hurry of an extensive reading, we suppose we did not rightly understand the author, and in committing this mistake the fault was most decidedly ours. We are glad to make this *amende* to Dr. Edmonds, and trust he will accept it. For a difference in opinion no apology is necessary.

REVIEWS AND BIBLIOGRAPHY.

The Diagnosis, Pathology, and Treatment of the Diseases of the Chest. By W. W. GERHARD, M.D., one of the Physicians to the Pennsylvania Hospital; Fellow of the College of Physicians of Philadelphia; Member of the American Philosophical Society, &c. Fourth edition, revised and enlarged. Philadelphia: J. B. Lippincott. Octavo, pp. 448.

Since the researches of Andral and of Laennec were published to the world, a new impetus has been given to the study of thoracic diseases, and a precision acquired in their diagnosis which was previously unknown. Anterior to this time, diseases having their seat in the chest cavity were imperfectly understood, and diagnosticated with uncertainty and a lack of precision. At present the literature of the diseases of the lungs and the heart is ample, and there is no excuse for ignorance in the profession in this department of special pathology and therapeutics. Williams, Walshe, Stokes, Skoda, Thompson, Bennet, &c., among foreign writers and observers; and Sweet, Green, Flint, Gerhard, &c., among those of our own country, have added largely to the literature of this class of diseases, and placed the student of today, who will improve his opportunities, far in advance of those of a hundred years ago.

As Dr. Gerhard and his work upon the Diseases of the Chest are both well known to the profession, the volume before us will not require an extended notice. It is proper to say here, that this is not a new edition simply, but a revision and extension of his former work. About one hundred pages of new matter have been added, and, in its present form, it is a fair embodiment of the present state of knowledge upon the diseases of the chest, and is, probably, the best work written by an American physician, embracing the whole subject of chest diseases.

Chapter 1st is devoted to a comparison of *physical* and *general* signs. While he estimates highly the *physical*, he does not, as is too often done, underrate the general signs of disease. "Physical exploration is much more extended in its application when combined and compared with the rational signs, than if used alone. For, in itself, it teaches us rather the condition of organs as modified by disease than the manner in which the disease forms, or the mode in which it advances." * * * "There is, therefore, no means of arriving at a correct conclusion in the diagnosis of pectoral diseases other than a union of the two modes of investigation, which will then work together as two different ways of arriving at the same end." (page 18.) Every one

knows that physical exploration is quite as prolific of negative as positive results, and every judicious prescriber is well aware that the general signs are of primary importance, from which to deduce the indications for correct and successful treatment. The physical signs may be necessary to tell us that pneumonia exists, but the general signs can alone tell us whether life is to be saved by bloodletting and antimony, or brandy and quinine.

Chapter 2d is devoted to the *conformation of the chest*, and chapter 3d to the more practical subject of *percussion*. This subject is not treated of at as much length as in works devoted especially to physical diagnosis, but it is sufficiently elaborate for a work embracing not only the diagnosis of chest diseases, but their pathology and therapeutics. Dr. Gerhard is not much in favor of pleximeters, or such percussing hammers as the one invented by Dr. Bigelow, of Boston. Of pleximeters he says, "The finger, under ordinary circumstances, is the best one which we can employ, and is superier to any of the ordinary artificial instruments, from its ready adaptation to different parts and irregularities in the chest." (page 37.) As a percussor, the author prefers the ends of the fingers of the right hand to any other—one, two, or three fingers are used at discretion, depending upon the force of impulsion required. His remarks upon the division of the chest into regions for examination, and upon the natural sounds in health peculiar to each, are appropriate, practical, and easy to be comprehended by the learner. With one quotation we dismiss the subject of this chapter. "We find that in healthy individuals there is often a considerable difference in the sounds of percussion. I have already alluded to some of the causes of this difference, which may be perfectly external to the chest, and consist in accumulations of fat or serum beneath the skin; or, on the other hand, they may depend upon a want of resonance in the thoracic parietes, and arise from the partial ossification of the cartilages. There is a third class of patients who offer less than the average degree of resonance of the chest; in these individuals the lungs contain less air than usual, and are apparently more firm and more similar to cellular tissue. The chest, on the other hand, may be more resonant than the average, from either a real dilatation of the vesicles of the lungs, or from the patient being greatly emaciated without much disease of the lungs themselves." (page 50.)

Chapter 4th is devoted to *auscultation*. For the purposes of auscultation, the author prefers his unassisted ear to any form of stethoscope. "Indeed, in my habitual auscultations, I have almost totally

given up the use of stethoscopes, the unassisted ear being vastly preferable, since it gives us the true sounds of the chest in a much more satisfactory way than we could obtain them by means of any additional instrument." (page 54.) Of Dr. Cammann's stethoscope, which is in such general favor with the profession, he says, "In this, however, he has been singularly forgetful of the fact, that for careful hearing or careful sight, one ear or one eye alone is used. Hence I regard the application of an instrument of this kind very much in the same light as I should that of a double telescope or a double microscope." (page 54.) This chapter is an interesting one, and is sufficiently full for all practical purposes in diagnosis. The sounds of *healthy respiration* are first considered, and subsequently the *morbid* sounds of the *respiration*, and the *voice*, and the various *friction* and *rhonchial* sounds.

Chapter 5th is devoted to the *general signs* of pulmonary disease, and embraces cough, expectoration, and the movements of the chest in inspiration and expiration.

Chapter 6th is devoted to *pleurisy*, and is a very complete essay upon that disease. His plan of treatment we consider eminently judicious. Many persons bleed every case of pleurisy that they are called upon to treat. The author's rule is, "not to take blood from the arm unless the patient has decided pain and difficulty of respiration, together with some excitement of the pulse." (page 117.) We should not bleed without considerable excitement of the pulse, unless the patient was quite robust. The author prefers small blisters to large ones, which he would repeat frequently. Blisters are only appropriate when the febrile action has begun to decline, if at first high, and should only be kept on just long enough to produce vesication. We should prefer them six inches square, rather than "two or three."

In the treatment of pleurisy, the author considers opium "simply a palliative remedy." We think differently; as an anti-inflammatory remedy, and as an equalizer of the circulation, thus relieving local congestions, except where the seat of disease is in the brain, the Materia Medica has but few, if any, remedies superior to it. Those who have put the anti-inflammatory powers of this remedy to the full test in peritonitis, will, we think, be willing to admit that it can do something more than palliate the symptoms in pleurisy.

The author does not think so highly of paracentesis as do a few other authorities. He says of this operation, "It is one which we should not practice, unless it be to relieve excessive dyspnœa, which may, in itself, be severe enough to threaten life." (page 126.) It is more than probable that many lives have been lost, that might other-

wise have been saved, by postponing paracentesis until life is immediately threatened At this stage, the local changes and the constitutional impairment, giving rise to decided hectic fever, are such as to greatly lessen the chances of success. The danger from this operation, when skillfully performed, under favorable circumstances, has, doubtless, been overrated. The time to operate has come when a fair trial has been given to well-selected remedies, and still the accumulation of fluid continues to increase, or fails in the least to diminish. In such cases, to persevere in the administration of remedies, that a full trial has proven inadequate to the case, until death is imminent, is to neglect one's duty, and to debar the unfortunate patient of the best chance that the healing art has to offer.

Chapter 7th is devoted to *bronchitis*, in all its varieties. The author's directions for treatment we consider extremely judicious. Of one of his prescriptions in acute bronchitis we can speak with confidence, as it is our special favorite in such cases. Thus, "we may give an eighth of a grain of tartarized antimony with the same quantity of morphia. This may be repeated two or three times a day, or it may be varied to suit the case." (page 143.) Where the fever is high, and the cough tight, and troublesomely frequent, we should prefer to repeat once in from two to four hours.

Speaking of bronchitis in young children, he says: "The child should not be allowed to lie on its back for a longer period than two hours. This direction may appear trivial, but it is of much importance, for I have known death to occur from a neglect of this precaution. In the Children's Hospital at Paris, I have many times observed lobular pneumonia to occur after the bronchitis of children, simply because the little patients were allowed to remain on their backs during the greater part of the day." (page 147.)

Of bronchitis in the aged, he says, "If I were to select the diseases in which carbonate of ammonia is decidedly useful, I should place the bronchitis of old men and feeble subjects at the head of the list." (page 148.)

The author considers *hay asthma* as a special form of chronic bronchitis, which he treats with anti-inflammatory remedies. We have considered hay asthma as a spasmodic affection, which could be best treated with cups or blisters to the upper portion of the spinal column, quinine and morphine, in appropriate doses, three or four times a day, a mixture composed of Hoffman's anodyne, lac asafœtida, and syrup of morphine, repeated as the circumstances of the case may require, and inhalations of a small quantity of chloroform or ether, if the

difficulty of breathing is severe. *Hooping-cough* he also regards as a peculiar form of bronchitis. Of it, he says, "It is a self-limited disease, and, therefore, cannot be cut short by treatment, although its complications may be removed or palliated." (page 160.) That hooping-cough must necessarily run a certain length of time, and that its duration is unaffected by medicine, we do not believe. We have seen tolerably severe cases end in recovery in ten days, and have seen other cases not more severe continue for three or four months. Cupping or blistering to the upper portion of the spine, with the internal administration of belladonna, quinine, and nitric acid, are among the most important remedies.

Chapter 8th is devoted to *dilatation of the bronchial tubes*, and chapter 9th to *emphysema of the lungs*.

Chapter 10th is devoted to *asthma*, in its various forms. In the treatment of asthma, we think the author has made a decided omission in making no allusion to the inhalation of chloroform or ether, in the paroxysms, and the administration of the iodide of potassium, in the intervals. The inhalation of chloroform will speedily relieve the severest paroxysm, without the necessity of carrying it to anæsthesia.

Chapter 11th is devoted to *pneumonia*. We had marked many passages for quotation and remark, but our limited space forbids. Every closely observing physician is aware that pneumonia, though the inflammation is quite limited in extent, produces a greater amount of prostration than a much more extended inflammation in some other parts of the body. This fact is recognized by our author; he says, "Thus, a patient with pleurisy will continue to walk about, until the effusion causes so much dyspnœa that he is compelled to keep his bed; whereas a slight pneumonia, with scarcely any local signs, will often enfeeble him so much that he will be unable to sit up." (page 201.) It would seem as though this fact should modify our treatment. Our author is in favor of free, and if necessary repeated, bleedings, and full doses of antimony, though he confesses he uses the last-named remedy less freely late years than formerly. If "bleeding is the most efficient remedy" in pneumonia, as he says, then the cases we have treated have been modified by some peculiarity of location or constitution. We have not bled a patient with pneumonia for five years, nor lost a patient with that disease in that time, whether old or young, though we have been in quite active practice during the time, in a region where pneumonia is the prevailing disease of winter and spring. We say this not boastingly, but simply to show that our opinions have a practical basis.

Of opium our author says: "In itself opium is rather objectionable, but it may be properly used, if there is a decided tendency to purge." (p. 206.) Again he says, it "should be given with great reserve in acute inflammatory pneumonia." (p. 208.) We are disposed to differ from our author in this regard; we consider opium one of the most efficient agents that can be brought to bear in pneumonia, especially when combined with such other remedies as the peculiarities of the case may require. It may be combined with antimony or ipecac, or with quinine, with or without ipecac; and these remedies, when judiciously combined and properly used, can be made to meet nearly all the indications that usually arise in uncomplicated cases of pneumonia. It should, however, be observed here that opium should not be used in large, but moderate doses, repeated rather frequently. In pneumonia, as we have observed it, we would much rather dispense with the lancet and antimony both than with quinine and opium. We do not, however, doubt that cases occur requiring the use of the lancet, and antimony we not unfrequently use.

The author's remarks upon *asthenic pneumonia*, and upon pneumonia as modified by childhood and by old age, are quite appropriate, and his directions for treatment very judicious.

Chapter 12th is devoted to *gangrene* of the lungs, and chapter 13th to *tuberculous phthisis*. The author entertains the opinion, in common with many other writers, that *fistula in ano* is a frequent complication in phthisis, and should not be interfered with curatively. Thus: "As a general rule, cases of consumption complicated with fistula are quite slow in their course, and they are most frequent in men who are advanced to the middle period of life. These cases of fistula ought very rarely to be treated by a surgical operation. I have often thought that I was rendering an important service to patients by preventing them from allowing industrious surgeons to tamper with cases of the kind mentioned." (p. 272.) As a curative agent we should certainly prefer a seton about the chest, to a fistula in ano, and should always advise, excepting in the very last stages of consumption, an attempt to cure the latter troublesome and very annoying affliction, and, had we any fears that injury might result therefrom, we should insert and maintain a seton.

The author entertains a favorable opinion of the remedial properties of cod-liver oil, which he thinks can best be taken in beer or porter. We can bear witness to the correctness of his observation, when he says, "Cod-liver oil is not tolerated well during the hot months, in our climate." (p. 293.) It is, probably, better to lessen the dose, or

discontinue its administration altogether during the very hot weather, because it is of the first importance that the patient does not become disgusted with it. Thus he says, "After their stomachs have become thoroughly disgusted with the medicine, it will be found almost impossible for them to return to it."

The author does not speak favorably of the phosphates. As they do no hurt, he advises them, but with no positive results: "Although I still occasionally use the preparation, (syrup of the phosphates,) I do so with a doubt whether any good effects follow from it." (p. 296.)

Dr. Gerhard does not think as highly of a change of climate as do many physicians. Of a migration to the sunny regions of the tropics, he says: "Multitudes of patients are every winter sent to the South, and to the West Indies, simply because their physician feels that their continued presence is a reproach to him, on account of his inability to cure their diseases." * * "Patients are usually sent to spend the winter in a mild or warm climate; but in some Southern localities, where the climate is damp, phthisis becomes exceedingly fatal. Thus an eminent physician, of New Orleans, recently informed me that multitudes of tubercular patients were sent there every winter, only to die more rapidly than they would have done at home." (p. 298.) He is equally opposed to a change of residence to the northward. Of the Lake Superior region, he says: "The winters there, having once set in, are continually cold, the thermometer rarely rising to the thawing point; and this comparative equability of temperature, together with the novel effects of an entire change of residence, may in some cases be productive of good to men; to women they would be positively injurious." (page 299.) If the women have not the fortitude or the energy to leave their artificially-heated rooms, it is true the equable temperature, the dry and bracing air outside, will probably do them but little good; but if they will live an out-door life, so far as is practicable, we are not aware that sexual peculiarities will prevent their cheeks from glowing with the contact with the bracing air that comes from the Rocky Mountains, fragrant with the odors of a thousand flowers, with which it has sported in its transit across the vast prairies. Our opinions upon this subject have been expressed more at length in the *Monthly Summary* of the present number of the MONTHLY.

"The question next to be decided is, Does alcohol exercise an antagonizing effect upon consumption? My experience in the management of these patients, which now extends over many years, has shown me conclusively that this is the case." (p. 310.) Wine and malt liquor

he advises to be taken in moderation, and always with the food. Of brandy and whiskey he thinks favorably, and, when he prescribes them, he always cautions the patient against exceeding in dose or frequency the prescription. "With this caution, I am convinced that no mischief need result from advising a remedy against consumption, which I am certain is one of the most powerful at our disposal." (p. 311.) This opinion is rather strongly expressed, and certainly in opposition to that expressed by Dr. Condie, before the Philadelphia County Medical Society, a few months since, and also that expressed by Dr. Bell, of New York, in his Fisk Fund prize dissertation, published in the October number of the *American Journal of Medical Sciences.* Our experience favors the opinion of Dr. Gerhard, with some qualifications.

Chapter 14th is devoted to *pneumothorax*, chapter 15th to *pulmonary hæmorrhage*, and chapter 16th to *tubercles of the bronchial glands.*

The remaining *nine* chapters are devoted to the *diseases of the heart.* As we have already exceeded the space at our disposal, we shall not enter into an analysis of the remainder of the volume; suffice it to say that the diseases of the heart are thoroughly discussed, and the treatment proposed in the several affections of that organ is quite judicious.

To those of our readers who are not acquainted with this work of Dr. Gerhard, we recommend it with pleasure. For the student and young practitioner it is unequaled, as a text-book upon the subjects upon which it treats, by any work, emanating from the hand of an American physician, which has fallen under our observation. As a reliable guide in practice, it should be found in the library of every American physician.

The book is issued in the good style which characterizes all the issues from the press of J. B. Lippincott & Co. O. C. G.

Proceedings and Debates of the Third National Quarantine and Sanitary Convention, held in the City of New York, April, 1859. Phonographically reported. Public Document No. 9, pp. 728.

This very neatly-printed volume presents a marked contrast with its pamphlet predecessors, and is entitled to a notice in our Journal, from the intrinsic merits of the subjects it discusses, as well as from the medical reputation of some of the chief actors in the Convention which has given it birth. The Quarantine and Sanitary Convention

is entitled to special credit for its manner of doing business, and the American Medical Association might do very well by copying from the sister body. The reports of committees are always *read*, and then freely discussed; so that while the Convention is not considered as responsible for the report of any committee, yet its members are not afraid to give their own views on such report. By the aid of phonography, these views have been collected and furnished us in the volume under notice, through the liberality of the Board of Councilmen in New York. The publication in full of such discussions must inflict upon the readers of the Proceedings much "twaddle" from age and "irrelevant talk" from ambitious youth; yet it enables the reader to form an accurate judgment of the character of the Convention. The Convention seems to have been a working body, in which physicians and laymen endeavored to do something towards the great objects under consideration.

The most important action of the Convention, and one which provoked discussion, was that on the resolution of Dr. Stevens—"That in the absence of any evidence establishing the conclusion that yellow fever has ever been conveyed by one person to another, it is the opinion of this Convention that the personal quarantine of cases of yellow fever may be safely abolished, provided that *fomites* of every kind be rigidly restricted." The yeas and nays were recorded, when it was found that 85 members voted in the affirmative, and six in the negative. The former included Drs. Griscom, Stevens, S. Smith, Reid, Watson, Purple, and Batchelder, of N. Y.; Drs. Wood, La Roche, and Piper, of Phila.; Drs. Moriarty and Storer, of Boston; Drs. Kemp, Gilmer, and McKee, of Md.; Drs. Snow and Mauran, of Providence, &c., &c.; the latter, Drs. Francis of N.Y., Nichols of N. J., and four laymen. Whatever may be thought of this resolution (which appears to the writer to be *in accordance* with the knowledge of the day) by the profession, the independence that prompted its supporters thus openly to record their opinions must certainly be commended.

The report on Disinfectants is not of the nature that might have been expected. Instead of making experiments on the subject, the Committee confined themselves to writing to certain surgeons in the Navy and Army, and to "eminent scientific men of this country and in Europe." Forty such circulars were sent forth, and to these, three replies were received: one of which was written by Prof. Morfit; one from Dr. Muspratt, referring them to an article on the subject in *his* Dictionary of Chemistry, as "one of the most complete articles ever written upon the subject;" and one from Tardieu, of Paris, referring

them to his report on the comparative value of certain methods of disinfection. From these materials the report has been made up. It would have been better, certainly, to have instituted a series of observations, original, and with reference to the use of economic materials in disinfection; and from these to have furnished conclusions that should have added to our knowledge. But it is sometimes even well to furnish an accurate and careful *résumé* of what has been done, as few of our profession have access to many journals in which the papers on disinfection have appeared in late years.

Chlorine is set forth as holding, "of all disinfectants, a foremost rank, except, perhaps, ozone;" and we are furnished with a wood-cut of an apparatus for the purpose of controlling its evolution—the black oxide of manganese and chlorhydric acid being employed for the purpose. We think as much can be gained, by the exposure of bleaching powder in plates or saucers, in the way of setting free chlorine in small quantities in rooms that are occupied, as with any apparatus, however simple it may be. If chlorine is to be evolved more rapidly, the addition of a little vinegar insures this effect; and if still more is to be evolved, quantities of the gas can best be generated by exposure of the black oxide of manganese and chlorhydric acid in open pots or pans.

We are told that "charcoal is eminently antiseptic, and to a certain degree it exerts also a disinfecting power," (page 388.) If by *antiseptic* is meant "the power of preventing animal substances from passing into a state of putrefaction, and of obviating putrefaction when begun," as Hooper defines the word, and as its etymology (*αντι, against*, and *σηπο, to putrefy,*) would indicate; then, this statement is in striking contrast with the experiments and conclusions of Dr. Stenhouse, promulgated in his lecture at the Royal Institution, March 2, 1855. Dr. S. shows, by experiments, that "charcoal, instead of retarding, *hastens* the decay of putrefying substances with which it is in contact;" and adds, "the reason why antiseptic properties were, until recently, universally ascribed to charcoal, appears to have been simply this—that charcoal masks or conceals its operation by absorbing and oxydizing the products evolved." The facts are, that charcoal is eminently a disinfecting agent, and not at all antiseptic.

Mons. Tardieu's report is exceedingly interesting, and presents, as one of its conclusions, the statement that *chloride of iron* is most economical as a disinfectant.

The Report on the Importance and Economy of Sanitary Measures to Cities, by Dr. John Bell, of Philadelphia, shows much care and

judgment on the part of its author, and will repay richly for the time spent in its perusal. If space permitted, we should be pleased to transfer some lengthy extracts on the subjects of sewerage and ventilation. We consider this report as a very valuable contribution to the subject of sanitary science.

In looking over the Committees of the Convention, we have been struck with the fact that the chairmen on *six* out of nine are from New York, one is from Massachusetts, one from Alabama, and another from Tennessee. This should *not* be. It is better to distribute the work of such a body throughout the cities of our Eastern coast. In this way, a larger number will become interested in the work, and more real, practical good will result.

In conclusion, we must express our gratification at the general nature of this volume, and hope it will be widely distributed through our great cities. S.

The Obstetric Catechism: containing Two Thousand Three Hundred and Forty-seven Questions and Answers on Obstetrics Proper. By JOSEPH WARRINGTON, M.D. One Hundred and Fifty Illustrations. Philadelphia: J. B. Lippincott & Co. 12mo., pages 445.

This work is a sort of *vade-mecum*, and is not designed as a text-book upon the subject of obstetrics. For the student, or young practitioner, it may be of interest and utility, as a remembrancer of former readings, or a reviver of their knowledge in these matters.

We have given the work but a hasty examination, and, so far as we have observed, the instructions are correct enough; yet, we look upon it as a work for which there was but little necessity. There are two or three similar works already in print, upon which, perhaps, this is but little, if any, improvement. As a pocket manual, it may, however, turn to good account an otherwise idle hour.

The paper, type, and illustrations are not such as characterize the issues from the press of J. B. Lippincott & Co., and, though their name is on the title-page, we venture to say that the work did not emanate from their press.

EDITORIAL AND MISCELLANEOUS.

— Once more we have the pleasure to greet our readers upon the anniversary of a new year. From our editorial chair, in the very centre of this metropolis, we stretch out both our hands to our friends, North, South, East, and West, and wish them A Happy New Year.

In entering upon the year 1860, its duties as journalists, and its anxieties as a proprietor of a medical journal, it is proper to state, that with the present volume a change has been effected, which, while it does not alter in the least the former editorial corps, still concentrates the responsibilities in one person. A change in the residence of the senior editor, who has been connected with the MONTHLY from the beginning, has necessitated this arrangement. The business affairs of the journal will hereafter be entirely in the hands of the present editor, who will continue to be assisted in the conduct of the journal by the same gentlemen with whom he has for the past three years held so pleasant and intimate a relation. In addition to this, the editor is gratified in being able to announce that the department known as a *Monthly Summary of Medical Journalism*, inaugurated in the last volume, will be, as heretofore, under the entire superintendence of Dr. O. C. Gibbs. Our readers have, no doubt, learned to appreciate the admirable summary made by Dr. Gibbs, and will be pleased to hear that it will be continued through the year.

It will be the aim of the editors, conjointly, to make the MONTHLY a true reflection of the progress of our profession throughout the world; and in order to carry out these views to the full extent, they must ask the subscribers to perform their part of the contract existing between them, promptly. By so doing the designs of the journal will be greatly promoted, and the labors of the editors materially lightened.

Many thoughts and reflections might be made, which the season suggests; but putting aside these, we simply congratulate our readers heartily and frankly, hoping that every blessing may attend them, and that their number may not be lessened by the revolution of another twelvemonth. With these simple words we launch the first number of our thirteenth volume, and enter upon the labors of the year with cheerfulness.

— We would draw attention to the action of the Schoharie County Medical Society, and the remarks of Dr. Fanning upon the "Relative Duties of the Public Press and the Medical Profession," to be found in the present number. It is a subject which deserves more careful consideration than the profession has heretofore given it; not on ac-

count of the interference of the various forms of quackery with the pecuniary status of the regular practitioner, but from a sanitary point of view; the physician, from his office, being the natural protector of the sanitary condition of the public.

The evil done by the public press in disseminating erroneous views relative to medicine is doubtless great. The appearance of the vast number of advertisements of proprietary medicines, whether good or bad, is detrimental; but how to effect a reformation is the question. The plan proposed by Dr. Fanning we do not believe to be feasible. The history of newspapers will show that their existence depends almost entirely upon advertisements, and that the withdrawal of the subscription of a class of men as limited in number as are physicians, would not affect the existence of a paper in the country.

There are two means which might be adopted, both of which would, perhaps, in a great degree remedy the evil which is fostered by the public press. The first is to so inform the editors and proprietors of the public press of the dangers arising from the indiscriminate use of the various remedies they are advertising, that it will become with them a matter of principle to abstain from lending their influence in any way to encourage the use of these articles. Once assured of this, the press then becomes a potent engine against them.

But the greatest difficulty to overcome resides in the natural tendency of the human mind to rûn to novelties, to believe in the miraculous, and to hope for relief from every and any plausible doctrine and remedy that may be advanced. And this we conceive to be the knotty point in the question. We confess that we do not clearly know how to solve it. To inform the conductors of the public press, to represent to them the dangers which reside in the careless use of drugs; to gain them to the side of prudence, of humanity, of right, may be easy enough; but how to divert the great mass of believers in specifics from every novelty, how to affect their superstitious reliance in miracle-working nostrums, how to turn the gullibility of the people into a rational belief and reliance upon the educated physician, and upon him alone, is a problem which we fear will always remain unsolved.

A sick man wants to be well, he clings to hope, and the more dangerous his malady, the more eagerly he catches at the vaguest expectation of relief extended to him. This infirmity of the mind the charlatan plays upon, and if the public press is shut against him, or condemns him even, the walls of our houses, the trees that grow at our door, the lamp-posts which light our path, will be covered with

his placards, while his circulars will be thrust into our hands at every step we take in our daily walks. The charlatan makes use of every device to reach his victim. How shall we save the victim? We know of no better means to meet this drug-mania than that recently proposed by the *Medical and Surgical Reporter* in its issue of Dec. 10, under the title of Domestic Medicines.

The editor, alive to the popular demand for medicines to meet the requirements of the thousand little ailments which daily arise, considers it the duty of the profession to supply this demand, instead of leaving it to quacks; and for this purpose he thinks it "proper that the National Convention for revising the U. S. Pharmacopœia should take into consideration this subject of supplying the wants—be they real or fancied—of the people for family medicines." "Let the Convention," he says, "adopt, and make officinal, a series of formulæ calculated to meet the popular wants for ordinary ailments, such, for instance, as cathartic, anti-bilious, or tonic pills, cough mixtures, liniments, ointments, &c. By making good recipes of these, and other classes of medicines, officinal, a uniform and reliable series of medicines would be supplied to the public, and, if we mistake not, the severest blow that could possibly be devised, be struck at the root of quackery." This seems to us the most direct way to accomplish the object designed by the resolutions of the Schoharie County Medical Society, and we have always believed that quackery was to be met by the legitimate use of the very means employed by the quacks themselves. Officinal preparations of family medicines would, we think, accomplish this to a great extent.

— At the regular meeting of the Academy of Medicine on the 21st of December last, the President, Dr. J. Watson, alluding to the subject of anæsthetics, and remarking that the comparative merits of chloroform and ether was a question now occupying somewhat the attention of the profession, and was, withal, a question of practical importance, he proceeded to call upon the different members of the Academy present, for an expression of their views upon this point.

Dr. Kissam, although using anæsthetics reluctantly, preferred ether to chloroform in surgical operations. In puerperal convulsions, however, he thought chloroform was the preferable agent, from the length of time required to obtain anæsthetic effects from ether, and from the tendency of the latter to excite injurious muscular contractions.

Dr. Reese, coinciding with Dr. K. in regard to the injurious tendency of ether in the case of puerperal convulsions, alluded to the fatal results lately found attending the use of chloroform in Parisian hospitals, and to the caution now exercised there in regard to its inhala-

tion. An apparatus which permitted its inhalation through but one nostril, leaving the other free for the access of atmospheric air, prevented, it was claimed, the injurious results arising from the too rapid or too accumulative action of the remedy. In his own experience, Dr. R. had had no unpleasant results from the use of chloroform, being very careful in its introduction into the system, and never carrying it so far as to produce stertor or coma.

Dr. Squibb had used chloroform for the last five or six years, and it had always been a safe agent in his hands. His habit was to give it sparingly, and with a due admixture of atmospheric air. He had continued its use in some instances as long as 45 or 50 minutes at a time. He thought that in many instances physicians used a second-rate article, being under the impression that they are using that prepared from alcohol, while, in fact, it is made from the spirits left after the distillation of the alcohol.

Dr. Minor, of Brooklyn City Hospital, had eight years' experience in the use of chloroform, and thought that with due care in its administration, it was a safe agent. The fatal results sometimes following its use, he thought, might in most cases be referred to its careless administration.

Dr. Gardner stated that he had used chloroform extensively in his obstetric practice, and although he had used ether, yet from its repeated failures to produce the desired results, he had given it up for chloroform. It is conceded, he believed, that ether was inadmissible in puerperal convulsions, from its tendency to aggravate instead of to relieve them. Even in cases of organic disease of the heart or lungs, he had no hesitation in using chloroform, believing the injury or the danger from its use in those cases less than would arise from the natural straining of the patient during a protracted labor. In ordinary cases of labor, rigidity of the os often continues for hours, notwithstanding the most severe expulsive efforts of the uterus. In these cases, where exhaustion of the patient and even rupture of the uterus are to be feared, the inhalation of a tea-spoonful or two of chloroform seldom fails to ease the patient and relax the os, and to allow the speedy expulsion of the fœtus. The cervix speedily comes under the relaxing influence of the anæsthetic, while a much larger quantity is required to affect the uterus itself. Operations formerly thought to be the most severe, such as turning, &c., &c., are now, under its use, performed with ease. Dr. G. is not in the habit of applying the forceps while the patient is under the full influence of chloroform, preferring that the movements of

the patient herself should designate to him whether the instrument be properly applied or not.

Dr. Peaslee thought a distinction should be made in regard to the use of these anæsthetics in surgical and obstetrical cases. The use of chloroform is safer in the latter than in the former, from the fact that the whole muscular system being aroused, the patient does not in these so fully come under its influence. Of the two agents, he preferred ether, and thought at first he saw unquestionable bad results following its administration; he now feels certain they were due to its being administered not sufficiently diluted with atmospheric air. With proper caution in this respect, he had never known, seen, or heard of a case where it was followed by any durable unpleasant effects. In some cases, he had administered as much as two pounds of ether. Chloroform he used with the utmost care, never giving it more than twenty minutes at a time. He concurred with Dr. Gardner in ascribing to it an almost specific influence over the muscular fibres of the rigid os.

In reply to a question of the President, as to whether hæmorrhage after delivery was increased by the use of anæsthetics, Dr. P. thought he had noticed in these cases a decided tendency to hæmorrhage upon removal of the placenta. To counteract this, he was in the habit of giving twenty or thirty drops of tincture of ergot some ten or fifteen minutes before delivery. With this precaution, he had never seen any dangerous result.

Dr. Horace Green had never employed ether. In his limited obstetric practice for the last ten years, he had always used chloroform, and with advantage. He had noticed a laxative tendency of the anæsthetic, obviating the necessity of any medicine to act upon the bowels, in the first few days after delivery.

Dr. Raphael had used chloroform invariably in his practice, and never found it attended with injurious results. He had given two pounds in twenty-four hours in a case of tetanus.

Dr. O'Reilly gave chloroform slowly and cautiously. He related four cases in which alarming symptoms supervening, the most energetic measures were required to restore the patients. He prefers chloroform to ether.

Dr. Dalton's experience in regard to anæsthetics had been mostly derived from their effects upon animals, though he presumed the conclusions arrived at from these observations were equally applicable to man. At first, he was in the habit of giving ether when operating upon animals, but from the inconvenience attending its administration,

he soon after substituted chloroform. Very soon, however, he found the animals occasionally dying in some unaccountable manner, and this, too, more frequently than was agreeable, and he returned to the use of ether. Dr. D. is convinced that there is a radical difference between the two agents, and that chloroform is much the most dangerous—at least, this is true of animals. Death may result from the bad administration of the agent, and be attributable to the want of air rather than to the anæsthetic. When death occurs from the use of chloroform, it takes place suddenly, and is due, in his opinion, to paralysis of the heart.

Both ether and chloroform may be followed by fatal results; but some pains are required to kill an animal by ether, while with chloroform, death often occurred when he most wished to avoid this result. Dr. D. thinks that, although fatal cases may result from the bad administration of chloroform, yet they cannot always be attributed to this cause, from the fact that they occur in the practice of our best and most careful surgeons, and in spite of their most vigilant caution.

Dr. Buck related a fatal case occurring in his service at the N. Y. Hospital.

Dr. Batchelor detailed some personal experiences in regard to the use and effect of chloroform upon the special senses and the voluntary muscles. He thought the heart did not become paralyzed until all the voluntary muscles had become so.

Dr. Gardner thought the question should be, how little of the anæsthetic was sufficient to produce the effect—not how much could be borne. The minimum dose of twenty drops, as stated in the books, he thought too large. From its internal use, Dr. G. had observed no beneficial effect whatever.

Dr. McFarland differed on this point from Dr. G., and remarked, that he had derived most beneficial results from the internal use of chloroform in a case of colica pictonum.

Dr. McNulty questioned the inference that might be drawn from the previous discussion, that sulp. ether was a perfectly harmless agent, and related an instance where its use had given rise to most alarming symptoms.

Dr. Peaslee referred to the gradual obliteration of the senses as one reason why he preferred the use of ether to chloroform; for it told the operator where he was. It might be carried safely so as to affect the functions of the cerebrum and cerebellum, but should not be pushed so far as to affect the reflex functions of the spinal cord. With ether,

this point was gradually arrived at; but with chloroform, it is reached almost before one is aware of it.

Dr. P., dismissing the subject of chloroform, then explained a specimen of double uterus and vagina, brought before the Academy by Dr. Thomas, and the Academy soon after adjourned.

— Many physicians are in the habit of prescribing some one of the various preparations of malt, known by the generic name of ale or beer, as an agreeable and invigorating tonic. In olden times they were more generally used than at present—alcoholic stimulants, in the form of wines and brandies, being now more frequently employed. In our opinion, a return to the more simple medicated ales of the old dispensatories would be an advantage. The reason for this is patent: ale contains about the same amount of alcohol as the lighter French wines; but in addition to this, it holds in combination, from four to eight per cent. of a narcotic and nutritive extract. It has been stated that milk, the model food, has about twelve per cent. of nutritive matter, and that a pint and a half of good beer is equal, in solid nourishment alone, to a pint of milk; sustaining the Bavarian's exclamation, that beer is fluid bread. But beer is more than this—and herein, we look upon it as an adjuvant in the treatment of certain classes of diseases which are especially prevalent in this country—it has a narcotic principle, which soothes the over-active nervous system, while it at the same time presents it a certain modicum of nourishment.

Heretofore, foreign ales have been depended upon in preference to those manufactured at home, because they were supposed to be purer and better. A reliably pure domestic malt liquor is, then, a desideratum, and we feel that we shall do our friends a service in announcing to them that they have at their hands, and at very moderate prices, a pure malt liquor, which can be relied upon in every particular, as a pure, fermented liquid, containing nothing but the extract of malt and hops, without a drug of any kind. We refer to the Malt Wine manufactured by John McKnight, of Albany, which has been frequently analyzed by competent chemists, and certified to as being "in purity and all desirable qualities, equal to the best imported ales."

—The twelfth volume of the Transactions of the American Medical Association has appeared. It is much less in size than that of the preceding year, yet is of a goodly bulk, much more convenient to handle than the ponderous tome of 1858. Of the contents of its 700 pages we cannot speak this month.

We are requested to state that the volumes of the Transactions may be obtained through Dr. H. D. Bulkley, No. 42 E. 22d Street, who

has consented to act for the Association in this city. Volumes V., VII., VIII., and IX., may be had collectively for Five Dollars; vols. XI. and XII. for Three Dollars each; the other volumes, completing the series, for Two Dollars each.

—*The Chicago Medical Examiner* is the title of a new medical journal, the first number of which has made its appearance, under the editorial supervision of Dr. N. S. Davis, assisted by Dr. E. A. Steele. Chicago has now two medical journals and two medical schools, and from the fact that professors of the two schools are at the helm of the respective journals, we presume they represent the interests of the schools. Dr. Davis, as a former editor of the *Chicago Medical Journal*, has served his apprenticeship in medical journalism, and brings to the new enterprise a judgment ripened by experience, and a thorough acquaintance with the requirements of the position. Under his guidance, the *Examiner* cannot fail to be a valuable addition to the medical journals of our country.

—A prospectus has been sent us, announcing the intended publication of a bi-monthly medical journal in Kansas City, Mo., to be called the *Kansas City Medical and Surgical Review*. The first number is to appear in January, 1860, to consist of 48 octavo pages, and to be edited by Drs. G. M. B. Maughs and T. S. Case.

—Among the periodicals which are doing their duty in informing the people upon questions of hygiene, and which give currency to enlightened views upon medical topics, we may signalize the cheerful old *Knickerbocker*, the patriarch of the monthlies. The first number of the new year has in it an able article upon the Causes of the Physical Decline of American Women, by a frequent contributor to our pages, Dr. A. K. Gardner, in which the subject is handled boldly, many truths told in plain, simple language, but with a nice discrimination which cannot fail to be appreciated. This number also gives an exceedingly interesting description of a visit to the Colony of Mattray, a French institution for the moral and mental education of young criminals; and in its Editor's Table, its usual supply of amusing gossip, entertaining sketches, and humorous anecdote. The professional man can have no better companion to relieve the anxieties of his mind and dissipate the cares of his daily life than the good old *Knickerbocker*. The price is Three Dollars a year.

—We would remind our readers who take an interest in keeping well informed in the literature of the day, that Leonard Scott & Co., of this city, furnish for $10 reprints of the best Reviews in the Eng-

lish language. These comprise *The London Quarterly, The Edinburgh Review, The North British Review, The Westminster Review, and Blackwood's Magazine.* The subscription price to these in Great Britain is $31. The character of these Reviews it is not necessary for us to state. They have long been celebrated for their able criticisms upon the literature of the day, for their learned disquisitions upon the leading questions in politics, science, and art, and for their chaste and classic style. It is with much pleasure that we bring the names of these great periodicals before the eyes of our readers, and shall be glad if we can induce any one to subscribe to them, for we know we shall thereby be doing them a kindness.

Foreign Medical Journals.—Those of our readers who wish a foreign journal, will find one of the following to answer to their wants and their means:

The London Lancet.—This is a monthly journal of British and Foreign Medicine and Surgery, and, in our opinion, it is the best monthly in the English language, published on the other side of the Atlantic. The contents are arranged in the following order: 1. *Lectures* by the most eminent physicians and surgeons; 2. *Original Esssays*; 3. *The Mirror* of Hospital Practice; 4. Leading articles on scientific subjects; 5. Proceedings of Societies; 6. Domestic and Foreign Intelligence; 7. Reviews and Notices; 8. Correspondence; 9. Medical News, &c.

The *Lancet* is republished in this city by James Herald, at $5.00 per year. To our advance-paying subscribers we will furnish it at $4.00; (MONTHLY and *Lancet* at $7.00.)

British and Foreign Medico-Chirurgical Review.—This is a Quarterly Journal of Practical Medicine and Surgery, published in London, and republished by S. S. & W. Wood, in this city. The contents are arranged in the following order: 1. Analytical and Critical Reviews; 2. Bibliographical Record; 3. Original Communications; 4. Chronicle and Medical Science. Price, $3.00 per year.

Braithwaite's Retrospect and Ranking's Abstract.—These are half-yearly journals, similar in their plan and execution. Both are published in London; the *Retrospect* is republished in this city, by W. A. Townsend & Co., and the *Abstract* by Lindsay & Blakiston, of Philadelphia. The design of these is to furnish a practical and analytical digest of the contents of the principal British, American, and Continental Medical Journals, published during the preceding six months. Price, each $2.00 per year; (the MONTHLY and the *Retrospect* or *Abstract*, $4.00.)